National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Service Data Reporting

837

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837 Health Care Claim: Reporting

Table 1 - Header

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
10	0050	ST	Transaction Set Header	R	1	_
11	0100	BHT	Beginning of Hierarchical Transaction	R	1	
14	0150	REF	Transmission Type Identification	R	1	
			LOOP ID - 1000A SUBMITTER NAME			1
16	0200	NM1	Submitter Name	R	1	
19	0150	REF	Submitter Secondary Identification	S	1	
21	0450	PER	Submitter EDI Contact Information	R	1	
			LOOP ID - 1000B RECEIVER NAME			1
25	0200	NM1	Receiver Name	R	1	

Table 2 - Service Provider Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A SERVICE PROVIDER HIERARCHICAL LEVEL			>1
27	0010	HL	Service Provider Hierarchical Level	R	1	
			LOOP ID - 2010AA SERVICE PROVIDER NAME			1
29	0150	NM1	Service Provider Name	R	1	
32	0350	REF	Service Provider Secondary Identification	S	8	

Table 2 - Subscriber Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			>1
35	0010	HL	Subscriber Hierarchical Level	R	1	
38	0050	SBR	Subscriber Information	R	1	
43	0070	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			1
45	0150	NM1	Subscriber Name	R	1	
49	0250	N3	Subscriber Address	S	1	
50	0300	N4	Subscriber City/State/ZIP Code	S	1	
53	0320	DMG	Subscriber Demographic Information	S	1	
57	0350	REF	Subscriber Secondary Identification	S	4	
			LOOP ID - 2010BC PAYER NAME			1
59	0150	NM1	Payer Name	R	1	
62	0350	REF	Payer Secondary Identification	S	3	

Table 2 - Patient Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPE
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL		<u> </u>	>
64	0010	HL	Patient Hierarchical Level	S	1	
66	0070	PAT	Patient Information	S	1	
			LOOP ID - 2010CA PATIENT NAME			1
8	0150	NM1	Patient Name	R	1	
72	0250	N3	Patient Address	R	1	
73	0300	N4	Patient City/State/ZIP Code	R	1	
76	0320	DMG	Patient Demographic Information	R	1	
30	0350	REF	Patient Secondary Identification Number	S	5	
			LOOP ID - 2300 CLAIM INFORMATION			100
32	1300	CLM	Claim information	R	1	
36	1350	_	Discharge Hour	S	1	
38	1350		Statement Dates	R	1	
0			Admission Date/Hour	S	1	
)2	1400	CL1	Institutional Claim Code	S	1	
4		PWK	Claim Supplemental Information	S	10	
7	1750		Payer Estimated Amount Due	S	1	
9		AMT	Patient Estimated Amount Due	S	1	
01	1800		Medical Record Number	S	1	
03	1800	REF	Mother's Medical Record Number for Newborns	S	1	
04	1850	K3	File Information	S	10	
06	1900	NTE	Claim Note	S	10	
08	2310	HI	Principal, Admitting, E-Code, Patient Reason For Visit Diagnosis Information, and Other E-Codes	R	1	
17	2310	HI	Diagnosis Related Group (DRG) Information	S	1	
19	2310	НІ	Other Diagnosis Information	s	2	
32	2310	НІ	Principal Procedure Information	s	1	
35	2310	HI	Other Procedure Information	S	2	
51	2310	HI	Occurrence Span Information	S	2	
64	2310	HI	Occurrence Information	S	2	
	2310	HI	Value Information	S	2	
	2310	HI	Condition Information	S	2	
	2400	QTY	Claim Quantity	S	4	
			LOOP ID - 2310A ATTENDING PHYSICIAN NAME			1
	2500	NM1	Attending Physician Name	S	1	
	2710	REF	Attending Physician Secondary Identification	S	5	
			LOOP ID - 2310B OPERATING PHYSICIAN NAME			1
	2500	NM1	Operating Physician Name	S	1	•
	2710		Operating Physician Secondary Identification	S	5	
	20		LOOP ID - 2310C OTHER PROVIDER NAME			1
	2500	NM1	Other Provider Name	S	1	
	2710			S	5	
	2110	KEF	Other Provider Secondary Identification	<u> </u>	<u> </u>	
	2500	NIR#4	LOOP ID - 2310D REFERRING PROVIDER NAME			2
	2500		Referring Provider Name	S	1	
	2/10	REF	Referring Provider Secondary Identification	S	5	
		-	LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION			10
	2900		Other Subscriber Information	S	1	
	3000	AMT	Payer Prior Payment	S	1	
			LOOP ID - 2330A OTHER SUBSCRIBER NAME			1
	3250	NM1	Other Subscriber Name	R	1	

3550	REF	Other Subscriber Secondary Information	S	3				
		LOOP ID - 2330B OTHER PAYER NAME			1			
3250	NM1	Other Payer Name R 1						
3550	REF	Other Payer Secondary Identification and Reference Number	S	2				
		LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION			1			
3250	NM1	Other Payer Patient Information	S	1				
3550	REF	Other Payer Patient Identification Number	S	3				
		LOOP ID - 2400 SERVICE LINE NUMBER			999			
3650	LX	Service Line Number	R	1				
3750	SV2	Institutional Service Line	R	1				
4550	DTP	Service Line Date	S	1				
5550	SE	Transaction Set Trailer	R	1				

STANDARD

837 Health Care Claim

Functional Group ID: HC

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Table 1 - Header

POS.#	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0050	ST	Transaction Set Header	М	1	
0100	BHT	Beginning of Hierarchical Transaction	M	1	
0150	REF	Reference Identification	0	3	
		LOOP ID - 1000			10
0200	NM1	Individual or Organizational Name	0	1	
0250	N2	Additional Name Information	0	2	
0300	N3	Address Information	0	2	
0350	N4	Geographic Location	0	1	
0400	REF	Reference Identification	0	2	
0450	PER	Administrative Communications Contact	0	2	

Table 2 - Detail

POS.#	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			>1
0010	HL	Hierarchical Level	M	1	
0030	PRV	Provider Information	0	1	
0050	SBR	Subscriber Information	0	1	
0070	PAT	Patient Information	0	1	
0090	DTP	Date or Time or Period	0	5	
0100	CUR	Currency	0	1	
		LOOP ID - 2010			10
0150	NM1	Individual or Organizational Name	0	1	
0200	N2	Additional Name Information	0	2	

0250	NI2	Address Information	0	2	
0250 0300		Address Information	0	2 1	
	DMG	Geographic Location	0	1	
0350		Demographic Information Reference Identification	0	20	
0400		Administrative Communications Contact	0	20	
0400	I LIX				100
1300	CL M	LOOP ID - 2300 Health Claim	0	1	100
1350		Date or Time or Period	0	150	
1400		Claim Codes	0	150	
1450	-	Orthodontic Information	0	1	
1500		Tooth Summary	0	35	
	PWK	Paperwork	0	10	
1600		Contract Information	o	1	
1650		Disability Information	0	1	
1700	_	Peer Review Organization or Utilization Review	0	1	
	AMT	Monetary Amount	0	40	
1800		Reference Identification	0	30	
1850	K3	File Information	0	10	
1900	NTE	Note/Special Instruction	0	20	
1950	CR1	Ambulance Certification	0	1	
2000		Chiropractic Certification	0	1	
2050	CR3	Durable Medical Equipment Certification	0	1	
2100	CR4	Enteral or Parenteral Therapy Certification	0	3	
2150	CR5	Oxygen Therapy Certification	0	1	
2160	CR6	Home Health Care Certification	0	1	
2190	CR8	Pacemaker Certification	0	9	
2200	CRC	Conditions Indicator	0	100	
2310	HI	Health Care Information Codes	0	25	
2400	QTY	Quantity	0	10	
2410	HCP	Health Care Pricing	0	1	
		LOOP ID - 2305			6
2420	CR7	Home Health Treatment Plan Certification	0	1	
2430	HSD	Health Care Services Delivery	0	12	
		LOOP ID - 2310			9
2500	NM1	Individual or Organizational Name	0	1	
2550	PRV	Provider Information	0	1	
2600	N2	Additional Name Information	0	2	
2650	N3	Address Information	0	2	
2700		Geographic Location	0	1	
	REF	Reference Identification	0	20	
2750	PER	Administrative Communications Contact	0	2	
		LOOP ID - 2320			10
2900		Subscriber Information	0	1	
2950		Claims Adjustment	0	99	
3000		Monetary Amount	0	15	
		Demographic Information	0	1	
3100		Other Health Insurance Information	0	1	
3150		Medicare Inpatient Adjudication	0	1	
3200	MOA	Medicare Outpatient Adjudication	0	1	
		LOOP ID - 2330			10
3250		Individual or Organizational Name	0	1	
3300		Additional Name Information	0	2	
3320		Address Information	0	2	
3400		Geographic Location	0	1	
3450	PER	Administrative Communications Contact	0	2	

3500	DTP	Date or Time or Period	0	9				
	REF	Reference Identification	0	>1				
		LOOP ID - 2400	-		>1			
3650	ΙY	Assigned Number	0	1	-1			
3700		Professional Service	0	1				
		Institutional Service	0	1				
3800		Dental Service	0	1				
	TOO	Tooth Identification	0	32				
3850		Drug Service	0	1				
4000		Durable Medical Equipment Service	0	1				
4050	SV6	Anesthesia Service	0	1				
4100	SV7	Drug Adjudication	0	1				
4150	HI	Health Care Information Codes	0	25				
4200	PWK	Paperwork	0	10				
4250	CR1	Ambulance Certification	0	1				
4300	CR2	Chiropractic Certification	0	5				
4350	CR3	Durable Medical Equipment Certification	0	1				
4400	CR4	Enteral or Parenteral Therapy Certification	0	3				
4450	CR5	Oxygen Therapy Certification	0	1				
4500	CRC	Conditions Indicator	0	3				
4550	DTP	Date or Time or Period	0	15				
4600	QTY	Quantity	0	5				
4620	MEA	Measurements	0	20				
4650	CN1	Contract Information	0	1				
1700	REF	Reference Identification	0	30				
4750	AMT	Monetary Amount	0	15				
1800	K3	File Information	0	10				
1850	NTE	Note/Special Instruction	0	10				
1880	PS1	Purchase Service	0	1				
1900	IMM	Immunization Status Code	0	>1				
1910	HSD	Health Care Services Delivery	0	1				
1920	HCP	Health Care Pricing	0	1				
		LOOP ID - 2410			>1			
1930	LIN	Item Identification	0	1				
1940	CTP	Pricing Information	0	1				
1950	REF	Reference Identification	0	1				
		LOOP ID - 2420			10			
5000	NM1	Individual or Organizational Name	0	1				
5050	PRV	Provider Information	0	1				
5100	N2	Additional Name Information	0	2				
5140	N3	Address Information	0	2				
5200	N4	Geographic Location	0	1				
	REF	Reference Identification	0	20				
5300	PER	Administrative Communications Contact	0	2				
		LOOP ID - 2430			>1			
5400	SVD	Service Line Adjudication	0	1				
5450	CAS	Claims Adjustment	0	99				
5500		Date or Time or Period	0	9				
	DTP							
	DTP	LOOP ID - 2440			1			
5510		LOOP ID - 2440 Industry Code	0	1	1			
5510 5520			O M	1 99	1			

NOTES:

- 1/0200 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- **2/0150** Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/1950 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- **2/2500** Loop 2310 contains information about the rendering, referring, or attending provider.
- **2/2900** Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/3250 Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/3650 Loop 2400 contains Service Line information.
- 2/4250 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/4930 Loop 2410 contains compound drug components, quantities and prices.
- 2/5000 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim level segments if the entity identifier codes in each NM1 segment are the same.
- **2/5400** SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.
- 2/5510 Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/3700.
- **2/5520** FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.

TRANSACTION SET HEADER

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1__ST

STANDARD

ST Transaction Set Header

Level: Header

Position: 0050

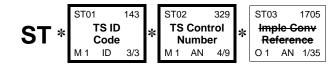
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	ST01	143		set Identifier Code lentifying a Transaction Set	M	ID	3/3
			od: 837A1ST0	1TransactionSetIdentifierCode			
			of the interchang	ansaction set identifier (ST01) is used by the partners to select the appropriate transacts the Invoice Transaction Set).			
			CODE	DEFINITION			
			837	Health Care Claim			
				REQUIRED			
REQUIRED	ST02	T02 329	Identifying contro functional group	tet Control Number oli number that must be unique within the tra assigned by the originator for a transaction TransactionSetControlNumber		AN ion set	4/9
				on Set Control Number in ST02 and	SE0	2 must	be
			research. Sub number 0001 must be uniqu	sunique number also aids in error re mitters could be sending transactio in this element and increment from t ue within a specific functional group SA-IEA), but can repeat in other gro	ns us there (GS	sing the . The n -GE) an	umber
NOT USED	ST03	1705	Implementation	on Convention Reference	01	AN	1/35

BEGINNING OF HIERARCHICAL TRANSACTION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1__BHT

Notes: 1. BHT03 is the file sequence and serial number - UB cross reference

01017.

2. BHT04 is the Processing Date - UB cross reference 01020.

Example: BHT*0019*00*0123*19960618*0932*RP~

STANDARD

BHT Beginning of Hierarchical Transaction

Level: Header **Position:** 0100

Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To define the business hierarchical structure of the transaction set and identify

the business application purpose and reference data, i.e., number, date, and

time

DIAGRAM













USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	BHT01	1005	Hierarchical Structure Code Code indicating the hierarchical application structure of a transaction se utilizes the HL segment to define the structure of the transaction set		on set t	4/4 :hat	
			ob: 837A1BHT01HierarchicalStructureCode				
			0019	Information Source, Subscriber, De	epend	lent	

REQUIRED BHT02 353 Transaction Set Purpose Code M ID 2/2

Code identifying purpose of transaction set

op: 837A1 BHT02 TransactionSetPurposeCode

BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.

ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.

REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.

CO	DE DEFINITION	
00	Orderinal	
00	Original	
40	Delessor	
18	Reissue	

REQUIRED BHT03 127

Reference Identification

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

op: 837A1__BHT03__OriginatorApplicationTransactionIdentifier

SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.

REQUIRED BHT04

Date

373

O DT

0

8/8

Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year

op: 837A1__BHT04__TransactionSetCreationDate

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

Use this date to identify the date on which the submitter created the file.

REQUIRED BHT05 337

Time

O TM 4/8

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: <math>D = tenths (0-9) and DD = hundredths (00-99)

op: 837A1__BHT05__TransactionSetCreationTime

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

Use this time to identify the time of day that the submitter created the file.

REQUIRED BHT06 640 Transaction Type Code Code specifying the type of transaction

op: 837A1__BHT06__ClaimorEncounterIdentifier

ALIAS: Claim or Encounter Indicator

RP Reporting
Use this code to send a batch of encounters.

TRANSMISSION TYPE IDENTIFICATION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1__REF

Notes: 1. Test / Production Indicator - UB cross reference 01018.

Example: REF*87*004010X156~

STANDARD

REF Reference Identification

Level: Header **Position:** 0150

Loop: ____

Requirement: Optional

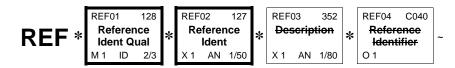
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES	
REQUIRED	REF01	128	Code qualifying t	ntification Qualifier he Reference Identification	M	ID	2/3	
			OD: 837A1REF01ReferenceIdentificationQualifier					
			REF01 - Test / Production Indicator - Qualifier Code 87.					
			CODE	DEFINITION				
			87	Functional Category				

REQUIRED	REF02	127	Reference Identification X AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier OD: 837A1REF02TransmissionTypeCode SYNTAX: R0203						
			When this draft is used to pilot the transaction set, this value is 004010X156D. When this draft is used to send the transaction set in a production mode, this value is 004010X156.						
			REF02 - Test Value = 004010X156D.						
			REF02 - Production Value = 004010X156.						
NOT USED	REF03	352	Description	X 1	AN	1/80			
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01					

SUBMITTER NAME

Loop: 1000A — SUBMITTER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_1000A

Segment OD: 837A1_1000A_NM1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed

description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

3. Submitter Name - UB cross reference 01009.

Example: NM1*41*2*ABC Submitter****46*999999999

STANDARD

NM1 Individual or Organizational Name

Level: Header Position: 0200

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

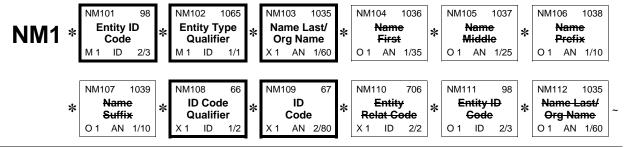
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTE	:S
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual	M , prop	ID erty or ar	2/3
			op: 837A1_1000A_NM101EntityIdentifierCode			
			CODE DEFINITION			
			41 Submitter			
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M	ID	1/1
			op: 837A1_1000A_NM102EntityTypeQualifier			
			SEMANTIC: NM102 qualifies NM103. CODE DEFINITION			
			2 Non-Person Entity			
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X	AN	1/60
			op: 837A1_1000A_NM103SubmitterLastorOrganizationNa	ame		
			ALIAS: Submitter Name			
			syntax: C1203			
NOT USED	NM104	1036	Name First	0 1	AN	1/35
NOT USED	NM105	1037	Name Middle	0 1	AN	1/25
NOT USED	NM106	1038	Name Prefix	0 1	AN	1/10
NOT USED	NM107	1039	Name Suffix	01	AN	1/10
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used Code (67)	X I for Id	ID dentificati	1/2 on
			op: 837A1_1000A_NM108IdentificationCodeQualifier			
			syntax: P0809			
			CODE DEFINITION			
			46 Electronic Transmitter Identification	n Nu	mber (E	ETIN)
			Established by a trading partner ag	green	nent	
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			OD: 837A1_1000A_NM109SubmitterIdentifier			
			ALIAS: Submitter Primary Identification Number			
			SYNTAX: P0809			
			Federal Tax ID			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0 1	ID	2/3

NOT USED NM112 1035 Name Last or Organization Name

O 1 AN 1/60

18

SUBMITTER SECONDARY IDENTIFICATION

Loop: 1000A — SUBMITTER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_1000A_REF

Notes: 1. Required when a secondary identification number is necessary to

identify the entity. The primary identification number should be

carried in NM109.

Example: REF*EO*12345~

STANDARD

REF Reference Identification

Level: Header

Position: 0150

Loop: 0

Requirement: Optional

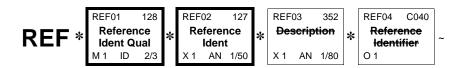
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES	
REQUIRED	REF01	128		Reference Identification Qualifier M Code qualifying the Reference Identification				
			od: 837A1_1000A_REF01					
			CODE	DEFINITION				
			EO	Submitter Identification Number				

REQUIRED	REF02	127	Reference Identification	X	AN	1/50
			Reference information as defined for a particular Transactory the Reference Identification Qualifier	ction Set	or as sp	pecified
			od: 837A1_1000A_REF02			
			SYNTAX: R0203			
			INDUSTRY: Submitter Secondary Identification Number 1	INDUSTRY: Submitter Secondary Identification Number		
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

SUBMITTER EDI CONTACT INFORMATION

Loop: 1000A — SUBMITTER NAME

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1 1000A PER

Notes:

- 1. The contact information in this segment should point to the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
- 2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Example: PER*IC*JANE DOE*TE*9005555555~

STANDARD

PER Administrative Communications Contact

Level: Header

Position: 0450

Loop: 1000

Requirement: Optional

Max Use: 2

Purpose: To identify a person or office to whom administrative communications should be

directed

Syntax: 1. P0304

If either PER03 or PER04 is present, then the other is required.

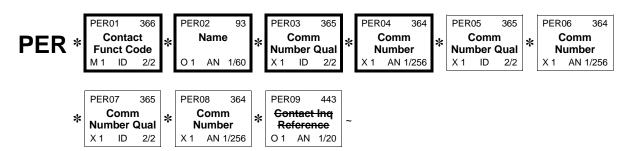
2. P0506

If either PER05 or PER06 is present, then the other is required.

3. P0708

If either PER07 or PER08 is present, then the other is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PER01	366	Contact Funct Code identifying	tion Code the major duty or responsibility of the perso	M on or g	ID group na	2/2 imed
			OD: 837A1_1000/	A_PER01ContactFunctionCode			
			IC	Information Contact			
REQUIRED	PER02	93	Name Free-form name		0	AN	1/60
			od: 837A1_1000/	A_PER02SubmitterContactName			
			INDUSTRY: Subm	itter Contact Name			
REQUIRED	PER03	365		on Number Qualifier the type of communication number	X	ID	2/2
			od: 837A1_1000/	A_PER03CommunicationNumberQualifie	er		
			SYNTAX: P0304				
			CODE	DEFINITION			
			ED	Electronic Data Interchange Acces	s Nu	ımber	
			EM	Electronic Mail			
			FX	Facsimile			
			TE	Telephone			
REQUIRED	PER04	364	Communication Complete communication applicable	on Number unications number including country or area	X a code	AN e when	1/256
			OD: 837A1_1000	A_PER04CommunicationNumber			
			SYNTAX: P0304				

SITUATIONAL PER05	PER05	365		tion Number Qualifier X ID 2/2 g the type of communication number					
			od: 837A1_100	00A_PER05CommunicationNumberQualifier					
			SYNTAX: P0506						
			Used when a	additional contact numbers are to be communicated.					
			CODE	DEFINITION					
			ED	Electronic Data Interchange Access Number					
			EM	Electronic Mail					
			EX	Telephone Extension					
				The use of this code indicates it is the extension of the number in PER04.					
			FX	Facsimile					
			TE	Telephone					
SITUATIONAL	PER06	364	Communicate Complete communicate Complete communicate	tion Number X AN 1/256 munications number including country or area code when					
			od: 837A1_100	00A_PER06CommunicationNumber					
			SYNTAX : P0506						
				ement is required when the submitter needs to convey ubmitter contact information.					
			Used when additional contact numbers are to be communicated.						
SITUATIONAL PER07 36									
SITUATIONAL	PER07	365		tion Number Qualifier X ID 2/2 ag the type of communication number					
SITUATIONAL	PER07	365	Code identifyin						
SITUATIONAL	PER07	365	Code identifyin	og the type of communication number 00A_PER07CommunicationNumberQualifier					
SITUATIONAL	PER07	365	Code identifyin od: 837A1_100 syntax: P0708	og the type of communication number 00A_PER07CommunicationNumberQualifier					
SITUATIONAL	PER07	365	Code identifyin od: 837A1_100 syntax: P0708	ng the type of communication number OOA_PER07CommunicationNumberQualifier					
SITUATIONAL	PER07	365	Code identifyin op: 837A1_100 syntax: P0708 Used when a	additional contact numbers are to be communicated.					
SITUATIONAL	PER07	365	Code identifyin op: 837A1_100 syntax: P0708 Used when a	additional contact numbers are to be communicated. DEFINITION					
SITUATIONAL	PER07	365	Code identifyin op: 837A1_100 syntax: P0708 Used when a code ED	additional contact numbers are to be communicated. DEFINITION Electronic Data Interchange Access Number					
SITUATIONAL	PER07	365	Code identifyin op: 837A1_100 syntax: P0708 Used when a code ED EM	g the type of communication number OA_PER07_CommunicationNumberQualifier additional contact numbers are to be communicated. DEFINITION Electronic Data Interchange Access Number Electronic Mail Telephone Extension The use of this code indicates it is the extension of					

SITUATIONAL	PER08	364	Communication Number Complete communications number including country or ar applicable	X ea code	AN e when	1/256
			op: 837A1_1000A_PER08CommunicationNumber			
			syntax: P0708			
		This data element is required when the submitte additional submitter contact information.	r need	ds to co	onvey	
		Used when additional contact numbers are to be	com	munica	ated.	
NOT USED	PER09	443	Contact Inquiry Reference	01	AN	1/20

RECEIVER NAME

Loop: 1000B — RECEIVER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_1000B

Segment OD: 837A1_1000B_NM1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed

description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1*40*2*CSC HEALTHCARE****46*112223333~

STANDARD

NM1 Individual or Organizational Name

Level: Header

Position: 0200

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes

1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

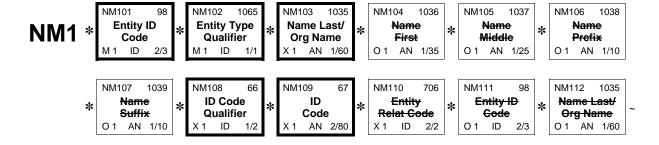
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



REQUIRED NM101 98	USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED NM102 1065 Entity Type Qualifier Code qualifying the type of entity Open Sa7A1_1000B_NM102_EntityTypeQualifier SEMANTIC: NM102 qualifies NM103.	REQUIRED	NM101	98	Code identifying				
A0 Receiver				od: 837A1_1000	DB_NM101EntityIdentifierCode			
REQUIRED				CODE	DEFINITION			
Code qualifying the type of entity Oo: 837A1_1000B_NM102_EntityTypeQualifier				40	Receiver			
SEMANTIC: NM102 qualifies NM103.	REQUIRED	NM102	1065			M	ID	1/1
CODE DEFINITION 2 Non-Person Entity				OD: 837A1_1000	DB_NM102EntityTypeQualifier			
NM103				SEMANTIC: NM10	2 qualifies NM103.			
NM103				CODE	DEFINITION			
Individual last name or organizational name ODE S37A1_1000B_NM103_ReceiverName SYNTAX: C1203				2	Non-Person Entity			
SYNTAX: C1203	REQUIRED	NM103	1035			X	AN	1/60
Not used Name Nam				OD: 837A1_1000	DB_NM103ReceiverName			
NOT USED				SYNTAX : C1203				
NOT USED						put I	NJDDC	S for
NOT USED NM106 1038 Name Prefix O 1 AN 1/10 NOT USED NM107 1039 Name Suffix O 1 AN 1/10 REQUIRED NM108 66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) ob: 837A1_1000B_NM108_InformationReceiverIdentificationNumber syntax: P0809 CODE DEFINITION 46 Electronic Transmitter Identification Number (ETIN) REQUIRED NM109 67 Identification Code Code identifying a party or other code ob: 837A1_1000B_NM109ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number syntax: P0809 NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3	NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED NM107 1039 Name Suffix O 1 AN 1/10 REQUIRED NM108 66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) ob: 837A1_1000B_NM108_InformationReceiverIdentificationNumber SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identification Number (ETIN) REQUIRED NM109 67 Identification Code Code identifying a party or other code ob: 837A1_1000B_NM109ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number SYNTAX: P0809 NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3	NOT USED	NM105	1037	Name Middle		01	AN	1/25
REQUIRED NM108 66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) ob: 837A1_1000B_NM108_InformationReceiverIdentificationNumber syntax: P0809 CODE DEFINITION 46 Electronic Transmitter Identification Number (ETIN) REQUIRED NM109 67 Identification Code Code identifying a party or other code ob: 837A1_1000B_NM109_ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number syntax: P0809 NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3	NOT USED	NM106	1038	Name Prefix		01	AN	1/10
Code designating the system/method of code structure used for Identification Code (67) OD: 837A1_1000B_NM108_InformationReceiverIdentificationNumber SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identification Number (ETIN) REQUIRED NM109 67 Identification Code X AN 2/80 Code identifying a party or other code OD: 837A1_1000B_NM109_ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number SYNTAX: P0809 NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3	NOT USED	NM107	1039	Name Suffix		01	AN	1/10
SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identification Number (ETIN) REQUIRED NM109 67 Identification Code	REQUIRED	NM108	66	Code designating				
REQUIRED NM109 67 Identification Code Code identifying a party or other code OD: 837A1_1000B_NM109_ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number SYNTAX: P0809 NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code				od: 837A1_1000	DB_NM108InformationReceiverIdentificati	onNu	mber	
REQUIRED NM109 67 Identification Code Code identifying a party or other code OD: 837A1_1000B_NM109ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number SYNTAX: P0809 NOT USED NM110 706 Entity Relationship Code X AN 2/80 Z/80 Z/8				SYNTAX : P0809				
REQUIRED NM109 67 Identification Code Code identifying a party or other code op: 837A1_1000B_NM109ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number syntax: P0809 NOT USED NM110 706 Entity Relationship Code X AN 2/80 Z AN 2/80 ALIAS: Receiver Primary Identification Number syntax: P0809 NOT USED NM110 706 Entity Relationship Code O 1 ID 2/3				CODE	DEFINITION			
Code identifying a party or other code OD: 837A1_1000B_NM109ReceiverPrimaryIdentifier ALIAS: Receiver Primary Identification Number SYNTAX: P0809 NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3				46	Electronic Transmitter Identification	n Nu	ımber	(ETIN)
NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3	REQUIRED	NM109	67			X	AN	2/80
NOT USED NM110 706 Entity Relationship Code X 1 ID 2/2 NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3				od: 837A1_1000	DB_NM109ReceiverPrimaryIdentifier			
NOT USEDNM110706Entity Relationship CodeX 1ID2/2NOT USEDNM11198Entity Identifier CodeO 1ID2/3				ALIAS: Receive	r Primary Identification Number			
NOT USED NM111 98 Entity Identifier Code O 1 ID 2/3				SYNTAX : P0809				
The second secon	NOT USED	NM110	706	Entity Relatio	onship Code	X 1	ID	2/2
NOT USED NM112 1035 Name Last or Organization Name O 1 AN 1/60	NOT USED	NM111	98	Entity Identifi	ier Code	01	ID	2/3
	NOT USED	NM112	1035	Name Last or	Organization Name	01	AN	1/60

SERVICE PROVIDER HIERARCHICAL LEVEL

Loop: 2000A — SERVICE PROVIDER HIERARCHICAL LEVEL Repeat: >1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_2000A Segment OD: 837A1_2000A_HL

Notes:

1. For the purposes of the Health Care Service Reporting Guide use the Service Provider HL to identify the entity providing the service.

- 2. Loop 2310E is not implemented in the Health Care Service Reporting Guide.
- 3. This loop is referred to as the Billing/Pay To Provider loop in the Claim Guides.
- 4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
- 5. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL*1**20*1~

STANDARD

HL Hierarchical Level

Level: Detail **Position:** 0010

Loop: 2000 Repeat: >1

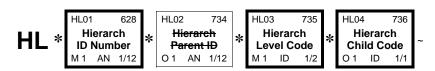
Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES				
REQUIRED	HL01	628	Hierarchical ID Number M AN 1/12 A unique number assigned by the sender to identify a particular data segment in a hierarchical structure							
			od: 837A1_2000A_HL01HierarchicalIDNumber							
			COMMENT: HL01 shall contain a unique alphanumeric num of the HL segment in the transaction set. For example, HI indicate the number of occurrences of the HL segment, in HL01 would be "1" for the initial HL segment and would be each subsequent HL segment within the transaction.	L01 coul which c	d be us ase the	ed to value of				
			HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.							
NOT USED	HL02	734	Hierarchical Parent ID Number	01	AN	1/12				
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical	M Il structu	ID re	1/2				
			op: 837A1_2000A_HL03HierarchicalLevelCode							
			COMMENT: HL03 indicates the context of the series of segricurrent HL segment up to the next occurrence of an HL stransaction. For example, HL03 is used to indicate that suthe HL loop form a logical grouping of data referring to she level information.	egment ubseque	in the nt segm	nents in				
			CODE DEFINITION							
			20 Information Source							
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segment level being described	O nts subo	ID rdinate	1/1 to the				
			OD: 837A1_2000A_HL04HierarchicalChildCode							
			COMMENT: HL04 indicates whether or not there are subord segments related to the current HL segment.	linate (or	child) I	HL				
			The claim loop (Loop ID-2300) can be used only subordinate levels ($HL04 = 0$).	when	HL04 I	has no				
			CODE DEFINITION							
			1 Additional Subordinate HL Data Segment in This Hierarchical Structure.							

SERVICE PROVIDER NAME

Loop: 2010AA — SERVICE PROVIDER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_2010AA

Segment OD: 837A1_2010AA_NM1

Notes: 1. Because this is a required segment, this is a required loop. See

Appendix A for further details on ASC X12 nomenclature. Ignore the

Set Notes below.

Example: NM1*85*2*JONES HOSPITAL****XX*45609312~

STANDARD

NM1 Individual or Organizational Name

Level: Detail **Position:** 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2010

1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

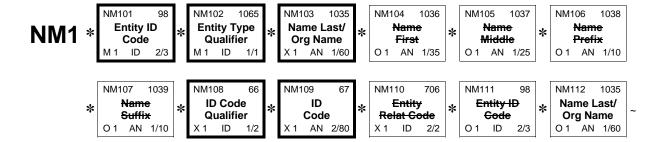
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	s
REQUIRED	NM101	98	Entity Identification	ier Code g an organizational entity, a physical location	M n, prop	ID erty or ar	2/3
			OD: 837A1_201	0AA_NM101EntityIdentifierCode			
			CODE	DEFINITION			
			SJ	Service Provider			
				Use this code to indicate service pencounter reporting entity.	rovid	ler or	
REQUIRED	NM102	1065	Entity Type Code qualifying	Qualifier the type of entity	M	ID	1/1
			od: 837A1_201	0AA_NM102EntityTypeQualifier			
			SEMANTIC: NM10	02 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		r Organization Name ame or organizational name	X	AN	1/60
			od: 837A1_201	0AA_NM103BillingProviderLastorOrganiz	ational	Name	
			ALIAS: Service	Provider Name			
			SYNTAX : C1203				
			UB-92 Refere	ence [UB-92 Name]:			
			1, Line 1 [Pro	ovider Name, Address and Telephone	Num	ber]	
			EMC v.6.0 Re	eference:			
			Record Type	10 Field No. 12			
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
REQUIRED	NM108	66		Code Qualifier ng the system/method of code structure use	X d for lo	ID dentification	1/2 on
			OD: 837A1_201	0AA_NM108IdentificationCodeQualifier			
			SYNTAX: P0809				
			Number or th	is used, then either the Employer's lone Social Security Number of the properties.)
			CODE	DEFINITION			
			24	Employer's Identification Number			
			34	Social Security Number			
				,			

			XX Health Care Financing Administration National Provider Identifier				
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80	
			on: 837A1_2010AA_NM109BillingProviderIdentifier				
			ALIAS: Billing Provider Primary ID				
			SYNTAX: P0809				
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2	
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3	
SITUATIONAL	NM112	1035	Name Last or Organization Name Individual last name or organizational name	0	AN	1/60	

od: 837A1_2010AA_NM112__

SYNTAX: C1203

COMMENT: NM112 can identify a second surname.

SERVICE PROVIDER SECONDARY IDENTIFICATION

Loop: 2010AA — SERVICE PROVIDER NAME

Usage: SITUATIONAL

Repeat: 8

Segment OD: 837A1_2010AA_REF

Notes

- 1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
- 2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.
- 3. If "code XX NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example: REF*SY*987654~

STANDARD

REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

Requirement: Optional

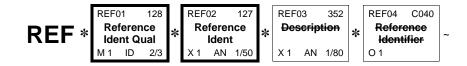
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	REF01	128		dentification Qualifier g the Reference Identification	M	ID	2/3	
			od: 837A1_201	0AA_REF01ReferenceIdentificationQualif	ier			
			implementat	U, ST, TT, 06, IJ, RB, and EM were ad tion guide to support credit/debit card Appendix G, Credit/Debit Card Use, fo	info	rmatio	n	
			Until NPI impstates.	plemented this is required for Report	ing G	uide u	se by	
			CODE	DEFINITION				
			0B	State License Number				
			1A	Blue Cross Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 9, 10 Record Type 30 Field No. 24				
			1B	Blue Shield Provider Number				
			1C	Medicare Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 6 Record Type 30 Field No. 24				
			1D	Medicaid Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 7				
			1G	Provider UPIN Number				
			1H	CHAMPUS Identification Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 8 Record Type 30 Field No. 24				
			1J	Facility ID Number				
			B3	Preferred Provider Organization N	umb	er		
			BQ	Health Maintenance Organization	Code	Numh	er	

			EI	Employer's Identification Number UB-92 Reference [UB-92 Name]: 5 [Payer Identification] EMC v.6.0 Reference: Record Type 10 Field No. 4, 5	r		
			FH G2	Clinic Number Provider Commercial Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 9, 10 Record Type 30 Field No. 24			
			G 5	Provider Site Number			
			LU	Location Number			
			SY	Social Security Number UB-92 Reference [UB-92 Name]: 5 [Payer Identification] EMC v.6.0 Reference: Record Type 10 Field No. 4, 5			
			X5	State Industrial Accident Provide	r Num	ber	
REQUIRED	REF02	127	Reference Identification X AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			OD: 837A1_2010	AA_REF02			
NOTHOED			SYNTAX: R0203				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0 1		

SUBSCRIBER HIERARCHICAL LEVEL

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL Repeat: >1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_2000B Segment OD: 837A1_2000B_HL

Notes:

1. If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.

- For the purposes of the Health Care Service Data Reporting Guide the information in the subscriber HL is that sent to the primary payer. Information about additional payers is reported in the Other Subscriber Information Loop (Loop ID - 2320).
- 3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
- 4. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL*124*123*22*1~

STANDARD

HL Hierarchical Level

Level: Detail **Position:** 0010

Loop: 2000 Repeat: >1

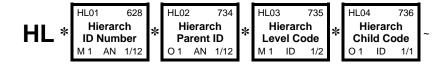
Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES		
REQUIRED	HL01 628		Hierarchical ID Number A unique number assigned by the sender to identify a partic a hierarchical structure	M ular d	AN lata segi	1/12 ment in		
			OD: 837A1_2000B_HL01HierarchicalIDNumber					
			COMMENT: HL01 shall contain a unique alphanumeric number for of the HL segment in the transaction set. For example, HL01 coindicate the number of occurrences of the HL segment, in which HL01 would be "1" for the initial HL segment and would be incre each subsequent HL segment within the transaction.					
REQUIRED	HL02	734	4 Hierarchical Parent ID Number O Identification number of the next higher hierarchical data segment segment being described is subordinate to					
			op: 837A1_2000B_HL02HierarchicalParentIDNumber					
			COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.					
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical s	M tructu	ID re	1/2		
			OD: 837A1_2000B_HL03HierarchicalLevelCode COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or itemlevel information.					
			CODE DEFINITION					
			22 Subscriber					

REQUIRED

HL04

736

Hierarchical Child Code

O ID

1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

op: 837A1_2000B_HL04__HierarchicalChildCode

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).

In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.

CODE	DEFINITION
0	No Subordinate HL Segment in This Hierarchical Structure.
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

SUBSCRIBER INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1_2000B_SBR

Example: SBR*P**GRP01020102******CI~

STANDARD

SBR Subscriber Information

Level: Detail Position: 0050

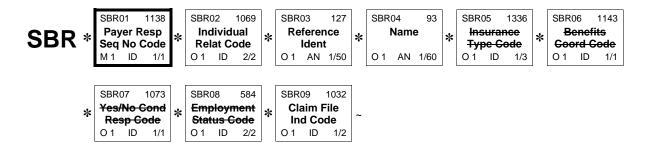
Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier

for that insured



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	SBR01	1138	Payer Responsibility Sequence Number Code Code identifying the insurance carrier's level of responsibility claim		ID ayme	1/1 of a
			op: 837A1_2000B_SBR01PayerResponsibilitySequence	Number(Code	
			UB-92 Reference [UB-92 Name]:			
			50 (A-C) [Payer Identification]			
			51 (A-C) [Provider Number]			
			52 (A-C) [Release of Information Certification Indi	cator]		
			53 (A-C) [Assignment of Benefits Certification Ind	icator]		
			54 (A-C) [Prior Payments - Payers and Patient]			
			55 (A-C) [Estimated Amount Due]			
			58 (A-C) [Insured's Name]			
			60 (A-C) [Certificate/Social Security Number/Healt Claim/ Identification Number]	h Insu	rance	е
			61 (A-C) [Insured Group Name]			
		62 (A-C) [Insurance G	62 (A-C) [Insurance Group Number]			
			63 (A-C) [Treatment Authorization Code]			
			64 (A-C) [Employment Status Code of the Insured]		
			65 (A-C) [Employer Name of the Insured]			
			66 (A-C) [Employer Location of the Insured]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 2 (Sequence 01-03)			
			Record Type 31 Field No. 2 (Sequence 01-03)			
			Record Type 32 Field No. 2 (Sequence 01-03)			
			Record Type 40 Field No. 5, 6, 7			
			CODE DEFINITION			
			P Primary			

SITUATIONAL

SBR02

1069

Individual Relationship Code

O ID

2/2

Code indicating the relationship between two individuals or entities

op: 837A1_2000B_SBR02__IndividualRelationshipCode

ALIAS: Patients Relationship to Insured

SEMANTIC: SBR02 specifies the relationship to the person insured.

EMC Reference:

30 Field No. 18

UB-92 Reference [UB-92 Name]:

59 (A-C) [Patient's Relationship to Insured]

This data element is required when authorized by state or federal law or regulations.

Use this code only when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.

	CODE	DEFINITION
18		Self

SITUATIONAL

SBR03 127

Reference Identification

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

op: 837A1_2000B_SBR03__InsuredGrouporPolicyNumber

ALIAS: Group Number

SEMANTIC: SBR03 is policy or group number.

EMC Reference:

30 Field No. 10 (Sequence 01-03)

UB-92 Reference [UB-92 Name]:

62 (A-C) [Insurance Group Number]

This data element is required when authorized by state or federal law or regulations.

Use this element to carry the subscriber's group number but not the number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using code IL in NM101 identifies the number in NM109 as the insured's Identification Number.

SITUATIONAL	SBR04	93	Name Free-form name		0	AN	1/60
			od: 837A1_2000	B_SBR04InsuredGroupName			
			ALIAS: Plan Na n	ne (Group Name)			
			SEMANTIC: SBR04	is plan name.			
			EMC Reference	ce:			
			30 Field No. 1	1 (Sequence 01-03)			
			UB-92 Referen	nce [UB-92 Name]:			
			61 (A-C) [Insu	red Group Name]			
			This data elen law or regulat	nent is required when authorized by ions.	/ state	e or fe	deral
			Used only who	en no group number is reported in	SBR0	3.	
NOT USED	SBR05	1336	Insurance Typ	e Code	01	ID	1/3
NOT USED	SBR06	1143	Coordination	of Benefits Code	01	ID	1/1
NOT USED	SBR07	1073	Yes/No Condi	tion or Response Code	01	ID	1/1
NOT USED	SBR08	584	Employment S	Status Code	01	ID	2/2
SITUATIONAL	SBR09	1032	Claim Filing Ir Code identifying		0	ID	1/2
			od: 837A1_2000	B_SBR09ClaimFilingIndicatorCode			
			EMC v.6.0 Ref	erence:			
			Record Type 3	30 Field No. 4 (not all codes map)			
			Required prio mandated.	r to mandated use of PlanID. Not us	sed af	ter Pla	nID is
			CODE	DEFINITION			
			09	Self-pay			
				EMC v.6.0 Reference:			
				Record Type 30 Field No. 4 Code	Α		
			11	Other Non-Federal Programs			
			12	Preferred Provider Organization (I	PPO)		
				Same as the qualifier used in CLP Health Care Claim Payment	06 of	the 83	5
			14	Exclusive Provider Organization (EPO)		
				Same as the qualifier used in CLP Health Care Claim Payment	06 of	the 83	5
			15	Indemnity Insurance			
			16	Health Maintenance Organization Risk	(HMC) Medi	icare
			BL	Blue Cross/Blue Shield			
				EMC v.6.0 Reference:			
				Record Type 30 Field No. 4 Code	G		

СН	Champus EMC v.6.0 Reference: Record Type 30 Field No. 4 Code H
CI	Commercial Insurance Co. EMC v.6.0 Reference: Record Type 30 Field No. 4 Code F
НМ	Health Maintenance Organization There is no map to EMC v.6.0. (Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment)
MA	Medicare Part A EMC v.6.0 Reference: Record Type 30 Field No. 4 Code C (Same as the qualifier used inCLP06 of 835 Health Care Claim Payment)
МВ	Medicare Part B Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
MC	Medicaid EMC v.6.0 Reference: Record Type 30 Field No. 4 Code D
OF	Other Federal Program EMC v.6.0 Reference: Record Type 30 Field No. 4 Code E
VA	Veterans Affairs Plan Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment. Refers to Veterans Affairs Plan.
wc	Workers' Compensation Health Claim EMC v.6.0 Reference: Record Type 30 Field No. 4 Code B (Same as the qualifier used inCLP06 of 835 Health Care Claim Payment)
ZZ	Mutually Defined Unknown Required value if the HIPAA Individual Identifier is mandated for use. Otherwise, the MI qualifier is used.

PATIENT INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2000B_PAT

Notes: 1. Required if the subscriber is the same person as the patient (Loop ID-

2000B SBR02=18), and information in this PAT segment (Pregnancy

Indicator see PAT09) is necessary to file the claim/encounter.

2. When the patient is a newborn, then the weight should be reported as

Value Code 54 in the HI Segment in the 2300 Loop.

Example: PAT******GR*1768*Y~

STANDARD

PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To supply patient information

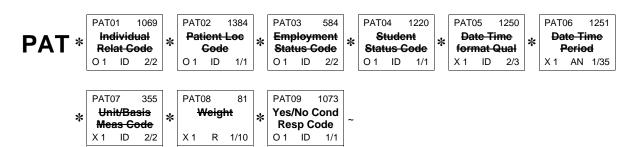
Syntax: 1. P0506

If either PAT05 or PAT06 is present, then the other is required.

2. P0708

If either PAT07 or PAT08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTI	ES
NOT USED	PAT01	1069	Individual Relationship Code	01	ID	2/2
NOT USED	PAT02	1384	Patient Location Code	01	ID	1/1
NOT USED	PAT03	584	Employment Status Code	01	ID	2/2

NOT USED	PAT04	1220	Student Status Code	01	ID	1/1
NOT USED	PAT05	1250	Date Time Period Format Qualifier	X 1	ID	2/3
NOT USED	PAT06	1251	Date Time Period	X 1	AN	1/35
NOT USED	PAT07	355	Unit or Basis for Measurement Code	X 1	ID	2/2
NOT USED	PAT08	81	Weight	X 1	R	1/10
SITUATIONAL	PAT09	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	0	ID	1/1

op: 837A1_2000B_PAT09__PregnancyIndicator

SEMANTIC: PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.

Required when required by state law (e.g., Indiana Medicaid) or when this loop must be reported because the patient is the subscriber.

Used in Reporting Guide for potential Medicaid Reporting.

CODE	DEFINITION
N	No
U	Unknown
Υ	Yes

SUBSCRIBER NAME

Loop: 2010BA — SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1 2010BA

Segment OD: 837A1_2010BA_NM1

Notes:

1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.

- 2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature. Ignore the Set Notes below.
- 3. When this information cannot be reported by state or federal law or regulation, then a masked value should be reported.

Example: NM1*IL*1*DOE*JOHN*T***MI*739004273~

STANDARD

NM1 Individual or Organizational Name

Level: Detail **Position:** 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

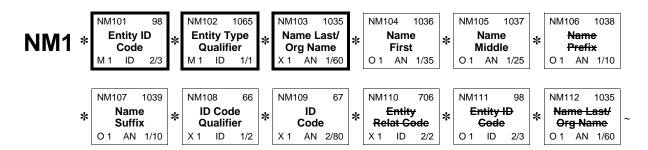
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual ob: 837A1_2010BA_NM101EntityIdentifierCode	M on, prop	ID perty or	2/3 an
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity ob: 837A1_2010BA_NM102EntityTypeQualifier SEMANTIC: NM102 qualifies NM103. CODE DEFINITION 1 Person	M	ID	1/1
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name op: 837A1_2010BA_NM103SubscriberLastName syntax: C1203 UB-92 Reference [UB-92 Name]: 58 (A-C) [Insured's Name] EMC v.6.0 Reference: Record Type 30 Field No. 12 (Sequence 01-03) When this information cannot be reported by staregulation, then the last name should be masked		AN	1/60

IMPLEMENTATION	OUDE			306	JOCKID	EL MAINE
SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/35
			op: 837A1_2010BA_NM104SubscriberFirstName			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 13 (Sequence 01-03)			
			This data element is required when NM102 equa	ls one	· (1).	
			When this information cannot be reported by staregulation, then the first name should be maske		federal	law or
SITUATIONAL	TUATIONAL NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25
			op: 837A1_2010BA_NM105SubscriberMiddleName			
			ALIAS: Subscriber's Middle Initial			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 14 (Sequence 01-03)			
			This data element is required when NM102 = 1 a or Initial of the person is known.	nd the	Middle	e Name
			When this information cannot be reported by staregulation, then the middle name should be mas		federal	law or
NOT USED	NM106	1038	Name Prefix	0 1	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10
			op: 837A1_2010BA_NM107SubscriberNameSuffix			
			This data element is required when the NM102 e the name suffix is known. Examples: I, II, III, IV,	•	one (1) and

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When this information cannot be reported by state or federal law or

regulation, then the name suffix should be masked.

SITUATIONAL NM108 66 Identification Code Qualifier X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

op: 837A1_2010BA_NM108__IdentificationCodeQualifier

SYNTAX: P0809

This data element is required when NM102 equals one (1) and is permissible under state or federal law or regulations.

MI is also intended to be used in claims submitted to the Indian Health Service/Contract HealthServices (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02.

CODE	DEFINITION
34	Social Security Number
MI	Member Identification Number
	The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.
ZZ	Mutually Defined
	The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

SITUATIONAL NM109 67 Identification Code X AN 2/80

Code identifying a party or other code

op: 837A1_2010BA_NM109__SubscriberPrimaryIdentifier

SYNTAX: P0809

UB-92 Reference [UB-92 Name]:

60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]

EMC v.6.0 Reference:

Record Type 30 Field No. 7 (Sequence 01-03)

This data element is required when NM102 equals one (1).

NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

SUBSCRIBER ADDRESS

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2010BA_N3

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: N3*125 CITY AVENUE~

STANDARD

N3 Address Information

Level: Detail **Position:** 0250

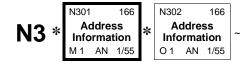
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	N301	166	Address Information Address information	M	AN	1/55
			op: 837A1_2010BA_N301SubscriberAddressLine			
			UB-92 Reference [UB-92 Name]:			
			84, Line b [Remarks]			
		EMC v.6.0 Reference:				
			Record Type 31 Field No. 4 (Sequence 01-03)			
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			op: 837A1_2010BA_N302SubscriberAddressLine			
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 5 (Sequence 01-03)			
			Required if a second address line exists.			

SUBSCRIBER CITY/STATE/ZIP CODE

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2010BA_N4

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: N4*CENTERVILLE*PA*17111~

STANDARD

N4 Geographic Location

Level: Detail

Position: 0300

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. E0207

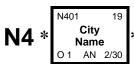
Only one of N402 or N407 may be present.

2. C0605

If N406 is present, then N405 is required.

3. C0704

If N407 is present, then N404 is required.



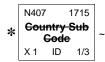












USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30
			OD: 837A1_2010BA_N401SubscriberCityName			
			COMMENT: A combination of either N401 through N404, or N4 adequate to specify a location.	05 ar	nd N406	may be
			UB-92 Reference [UB-92 Name]:			
			84, Line c [Remarks]			
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 6 (Sequence 01-03)			
REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate go	X overr	ID nment a	2/2 gency
			op: 837A1_2010BA_N402SubscriberStateCode			
			SYNTAX: E0207			
			COMMENT: N402 is required only if city name (N401) is in the U	J.S.	or Cana	da.
			CODE SOURCE 22: States and Outlying Areas of the U.S.			
			UB-92 Reference [UB-92 Name]:			
			84, Line c [Remarks]			
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 7 (Sequence 01-03)			
REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding punc (zip code for United States)	O tuatio	ID on and b	3/15 blanks
			op: 837A1_2010BA_N403SubscriberPostalZoneorZIPCod	е		
			CODE SOURCE 51: ZIP Code			
			UB-92 Reference [UB-92 Name]:			
			84, Line d [Remarks]			
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 8 (Sequence 01-03)			
SITUATIONAL	N404	26	Country Code Code identifying the country	X	ID	2/3
			op: 837A1_2010BA_N404CountryCode			
			syntax: C0704			
			CODE SOURCE 5: Countries, Currencies and Funds			
			This data element is required when the address is U.S.	outs	side of	the

SITUATIONAL	N405	309		Location Qualifier Code identifying type of location			1/2
			od: 837A1_201	DD: 837A1_2010BA_N405			
			SYNTAX: C0605				
			CODE	DEFINITION			
			CO	County/Parish and State			
				The county code is to be rep State or Federal law or regula		n requ	ired by
SITUATIONAL	N406	310	Location Ide	entifier entifies a specific location	0	AN	1/30
			od: 837A1_201	0BA_N406			
			SYNTAX: C0605				
NOT USED	N407	1715	Country Sub	odivision Code	X 1	ID	1/3

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2010BA_DMG

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: DMG*D8*19290730*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 0320

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

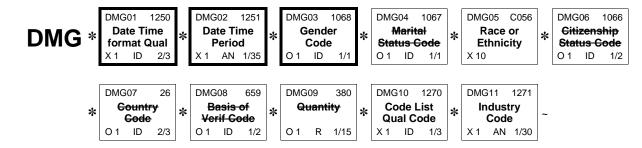
If either DMG01 or DMG02 is present, then the other is required.

2. P1011

If either DMG10 or DMG11 is present, then the other is required.

3. C1105

If DMG11 is present, then DMG05 is required.



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES	
REQUIRED	DMG01	1250		Date Time Period Format Qualifier Code indicating the date format, time format, or date and time			2/3	
			OD: 837	A1_2010BA_DMG01DateTimePeriodFormatQualific	er			
			SYNTAX:	P0102				
			C	DDE DEFINITION				
			D8	Date Expressed in Format CCYYMM	IDD			
REQUIRED	DMG02	1251		ime Period sion of a date, a time, or range of dates, times or dates	X s and	AN times	1/35	
			od: 837	A1_2010BA_DMG02SubscriberBirthDate				
			ALIAS: D	ate of Birth - Patient				
			SYNTAX:	P0102				
			SEMANTI	c: DMG02 is the date of birth.				
			EMC v	.6.0 Reference:				
			Record	d Type 20 Field No. 8				
REQUIRED	DMG03	1068		r Code dicating the sex of the individual	0	ID	1/1	
			OD: 837	A1_2010BA_DMG03SubscriberGenderCode				
			ALIAS: C	Sender - Patient				
			EMC v	.6.0 Reference:				
			Recor	d Type 30 Field No. 15				
			C	DDE DEFINITION				
			F	Female				
			M	Male				
			U	Unknown				
NOT USED	DMG04	1067	Marita	I Status Code C) 1	ID	1/1	
SITUATIONAL	DMG05	C056	INFOR	OSITE RACE OR ETHNICITY MATION I general and detailed information on race or ethnicity	X 10			
			OD: 837	A1_2010BA_DMG05_C056				
			Composite C056 may repeat up to 10 times to accommodate the OMB Directive 15 specification that allows individuals to report more than one race code along with the ethnicity code.					
NOT USED	DMG05 -	1	1109		0	ID	1/1	
SITUATIONAL	DMG05 -		1270	•	X	ID	1/3	
				ор: 837A1_2010BA_DMG05_C05602_				

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

CODE	DEFINITION
RET	Classification of Race or Ethnicity
	CODE SOURCE 859: Classification of Race or Ethnicity

SITUATIONAL DMG05 - 3

1271 Industry Code

X AN

1/30

Code indicating a code from a specific industry code list

op: 837A1_2010BA_DMG05_C05603_

INDUSTRY: Race or Ethnicity Code

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

The Classification of Race and Ethnicity is a detailed code list that uniquely identifies each known race and ethnicity entity and organizes these entities in a hierarchical structure. For the convenience of the users of this guide, the high level race and ethnicity entities are listed with their unique identification number form the code list.

Level	Unique ID	Description
R1	10025	American Indian
R2	20289	Asian
R3	20545	Black or African American
R4	20768	Native Hawaian or Pacific Islander
R5	21063	White
R9	21089	Other Race
E1	21337	Hispanic or Latino Ethnicity
E2	21865	Non Hispanic or Latino Ethnicity

NOT USED	DMG06	1066	Citizenship Status Code	01	ID	1/2
NOT USED	DMG07	26	Country Code	01	ID	2/3
NOT USED	DMG08	659	Basis of Verification Code	01	ID	1/2
NOT USED	DMG09	380	Quantity	01	R	1/15
SITUATIONAL	DMG10	1270	Code List Qualifier Code	X	ID	1/3

Code identifying a specific industry code list

od: 837A1_2010BA_DMG10__

SYNTAX: P1011

INDUSTRY: Code List Qualifier Code

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

CODE	DEFINITION
REC	Race or Ethnicity Collection Code
	code source 860: Race or Ethnicity Collection Code

SITUATIONAL DMG11 1271 Industry Code X AN 1/30

Code indicating a code from a specific industry code list

od: 837A1_2010BA_DMG11__

SYNTAX: P1011, C1105

SEMANTIC: DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

INDUSTRY: Collection Method Code

SUBSCRIBER SECONDARY IDENTIFICATION

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 4

Segment OD: 837A1_2010BA_REF

Notes: 1. Required when a secondary identification number is necessary to

identify the entity. The primary identification number should be

carried in NM109.

Example: REF*SY*030385074~

STANDARD

REF Reference Identification

Level: Detail Position: 0350

Loop: 2010

Requirement: Optional

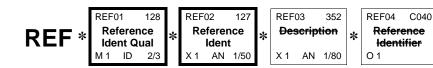
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE			NAME		ATTRIBU	JTES	_
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3	
			00744 0040D4 DEF04 D (

CODE

op: 837A1_2010BA_REF01__ReferenceIdentificationQualifier

1W	Member Identification Number
	If NM108 = MI, this qualifier cannot be used.
455	B UBN I
ABB	Personal ID Number
	Used for state specific linkage variables at the
	encounter.
IG	Insurance Policy Number

			SY Social Security Number			
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transacti by the Reference Identification Qualifier	X on Set	AN or as sp	1/50 ecified
			op: 837A1_2010BA_REF02SubscriberSupplementalIde	ntifier		
			syntax: R0203			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

PAYER NAME

Loop: 2010BC — PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_2010BC

Segment OD: 837A1_2010BC_NM1

Notes: 1. This is the primary payer.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1*PR*2*UNION MUTUAL OF OREGON****PI*43140~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2010 contains information about entities that apply to all claims in loop

2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. P0809

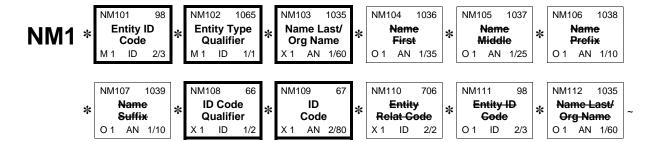
If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU [*]	ΓES
REQUIRED	NM101	98	•	Entity Identifier Code Code identifying an organizational entity, a physical location, p individual			2/3 an
			od: 837A1_2010	BC_NM101EntityIdentifierCode			
			CODE	DEFINITION			
			PR	Payer			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	ualifier the type of entity	M	ID	1/1
			od: 837A1_2010	BC_NM102EntityTypeQualifier			
			SEMANTIC: NM10	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name ame or organizational name	X	AN	1/60
			od: 837A1_2010	BC_NM103PayerName			
			SYNTAX: C1203				
			UB-92 Refere	nce [UB-92 Name]:			
			50 (A-C) [Paye	er Identification]			
			EMC v.6.0 Ref	ference:			
			Record Type	30 Field No. 8b (Sequence 01-03)			
			Record Type	32 Field No. 4 (Sequence 01-03)			
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure used	X d for lo	ID dentifica	1/2 tion
			od: 837A1_2010	BC_NM108IdentificationCodeQualifier			
			SYNTAX: P0809				
			EMC v.6.0 Ref	ference:			
			Record Type	30 Field No. 5, 6 (Sequence 01-03)			
			CODE	DEFINITION			
			PI	Payor Identification			
			xv	Health Care Financing Administrat Payer Identification Number (PAYE			ıl
				CODE SOURCE 540: Health Care Financing	Admir	nistration)

National PAYERID

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	х	AN	2/80
			OD: 837A1_2010BC_NM109PayerIdentifier			
			ALIAS: Primary Payer ID			
			syntax: P0809			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

PAYER SECONDARY IDENTIFICATION

Loop: 2010BC — PAYER NAME

Usage: SITUATIONAL

Repeat: 3

Segment OD: 837A1_2010BC_REF

Notes: 1. Required if additional identification numbers other than the primary

identification number in NM108/09 in this loop are necessary to

adjudicate the claim/encounter.

Example: REF*FY*435261708~

STANDARD

REF Reference Identification

Level: Detail **Position:** 0350

Loop: 2010

Requirement: Optional

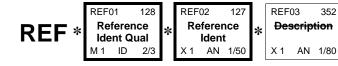
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	DES.	ELEMENT	NAME	 	ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3	

Code qualifying the Reference Identification

op: 837A1_2010BC_REF01__ReferenceIdentificationQualifier

REF04

*

Reference

Identifier

C040

2U Payer Identification Number

This code can be used to identify any payer's identification number (the payer can be Medicaid, a commercial payer, TPA, etc). Whatever number is used has been defined between trading partners.

NF National Association of Insurance Commissioners (NAIC) Code

CODE SOURCE 245: National Association of Insurance Commissioners (NAIC) Code

TJ Federal Taxpayer's Identification Number

REQUIRED REF02 127 Reference Identification

X AN 1/50

Reference information as defined for a particular Transaction Set or as specified

by the Reference Identification Qualifier

op: 837A1_2010BC_REF02__PayerAdditionalIdentifier

SYNTAX: R0203

EMC v.6.0 Reference:

Record Type 30 Field No. 5, 6 (Sequence 01-03)

Record Type 31 Field No. 15

NOT USED REF03 352 Description X 1 AN 1/80

NOT USED REF04 C040 REFERENCE IDENTIFIER 0 1

PATIENT HIERARCHICAL LEVEL

Loop: 2000C — PATIENT HIERARCHICAL LEVEL Repeat: >1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1_2000C Segment OD: 837A1_2000C_HL

Notes:

- 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 2. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.
- 3. This HL is required when the patient is a different person than the subscriber. There are no HL's subordinate to the Patient HL. It should be noted that for most encounters, the subscriber is the patient. When this occurs, this loop (hierarchical level) will not be necessary, since the patient information will be provided in Loop ID 2000B. If, however, the patient is a dependent of the subscriber (e.g. spouse, child, or other dependent), then this loop is required to report the patient information, which will be different than the subscriber information.

Example: HL*125*124*23*0~

STANDARD

HL Hierarchical Level

Level: Detail **Position:** 0010

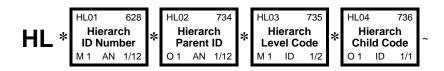
Loop: 2000 Repeat: >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments



USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBU [*]	TES					
REQUIRED	HL01	628	Hierarchical ID Number M AN A unique number assigned by the sender to identify a particular data segma hierarchical structure							
			on: 837A1_2000C_HL01HierarchicalIDNumber							
			COMMENT: HL01 shall contain a unique alphanumeric number of the HL segment in the transaction set. For example, HL01 indicate the number of occurrences of the HL segment, in wh HL01 would be "1" for the initial HL segment and would be in each subsequent HL segment within the transaction.	could be use nich case the	ed to value of					
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segregment being described is subordinate to	O AN ment that the	1/12 e data					
			op: 837A1_2000C_HL02_HierarchicalParentIDNumber		and tak					
			COMMENT: HL02 identifies the hierarchical ID number of the HI the current HL segment is subordinate.	L segment to	wnich					
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical str	M ID ructure	1/2					
		op: 837A1_2000C_HL03HierarchicalLevelCode								
			COMMENT: HL03 indicates the context of the series of segment current HL segment up to the next occurrence of an HL segment ransaction. For example, HL03 is used to indicate that subsethe HL loop form a logical grouping of data referring to shipm level information.	nent in the equent segm	ents in					
			CODE DEFINITION							
			PT Patient							
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments slevel being described	O ID subordinate t	1/1 to the					
			op: 837A1_2000C_HL04HierarchicalChildCode							
			COMMENT: HL04 indicates whether or not there are subordinat segments related to the current HL segment.	te (or child) H	łL					
			The claim loop (Loop ID-2300) can be used only whe subordinate levels ($HL04 = 0$).	hen HL04 h	as no					
			CODE DEFINITION							
			0 No Subordinate HL Segment in This Structure.	s Hierarchi	cal					

PATIENT INFORMATION

Loop: 2000C — PATIENT HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2000C_PAT

Notes: 1. Required if the patient is not the same person as the reported

subscriber in Loop ID 2000B.

Example: PAT*****N~

STANDARD

PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

Requirement: Optional

Max Use: 1

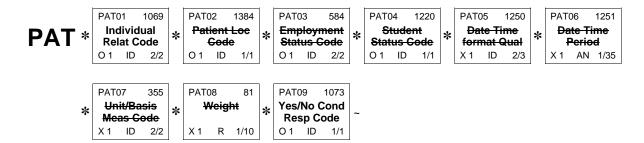
Purpose: To supply patient information

Syntax: 1. P0506

If either PAT05 or PAT06 is present, then the other is required.

2. P0708

If either PAT07 or PAT08 is present, then the other is required.



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
SITUATIONAL	PAT01	1069	Individual Relationship Code Code indicating the relationship between two individuals or	O entitie	ID	2/2
			ор: 837A1_2000C_PAT01IndividualRelationshipCode			
			ALIAS: Patients Relationship to Insured			
			EMC Reference:			
			30 Field No. 18			
			UB-92 Reference [UB-92 Name]:			
			59 (A-C) [Patient's Relationship to Insured]			
			This data element is required when authorized by law or regulations.	state	or fee	deral
			Use this code only when the subscriber is the same patient. If the subscriber is not the same person a not use this element.	-		
			CODE DEFINITION			
			18 Self			
NOT USED	PAT02	1384	Patient Location Code	01	ID	1/1
NOT USED	PAT03	584	Employment Status Code	01	ID	2/2
NOT USED	PAT04	1220	Student Status Code	01	ID	1/1
NOT USED	PAT05	1250	Date Time Period Format Qualifier	X 1	ID	2/3
NOT USED	PAT06	1251	Date Time Period	X 1	AN	1/35
NOT USED	PAT07	355	Unit or Basis for Measurement Code	X 1	ID	2/2
NOT USED	PAT08	81	Weight	X 1	R	1/10
SITUATIONAL	PAT09	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	0	ID	1/1
			od: 837A1_2000C_PAT09PregnancyIndicator			
			SEMANTIC: PAT09 indicates whether the patient is pregnant of "Y" indicates the patient is pregnant; code "N" indicates the			
			Used in Reporting Guide for potential Medicaid R	eport	ing.	
			Required when required by state law (e.g., Indiana when this loop must be reported because the pat same person as reported in the subscriber in Loop	ent i	s not t	
			CODE DEFINITION			
			N No			

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U

Unknown

Yes

PATIENT NAME

Loop: 2010CA — PATIENT NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_2010CA

Segment OD: 837A1_2010CA_NM1

Notes: 1. When this information cannot be reported by state or federal law or

regulation, then the patient name should be masked.

Example: NM1*QC*1*DOE*SALLY****34*123456789~

STANDARD

NM1 Individual or Organizational Name

Level: Detail **Position:** 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2010 contains information about entities that apply to all claims in loop

2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. P0809

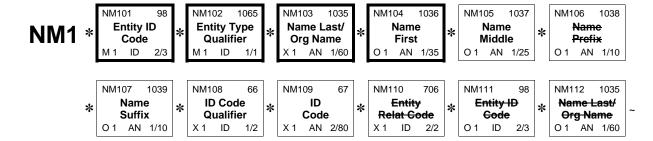
If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identif Code identifying individual	ier Code g an organizational entity, a physical location	M n, prop	ID perty or a	2/3 an
			OD: 837A1_2010	OCA_NM101EntityIdentifierCode			
			CODE	DEFINITION			
			QC	Patient			
REQUIRED	NM102	1065	Entity Type Code qualifying	Qualifier the type of entity	M	ID	1/1
			OD: 837A1_2010	OCA_NM102EntityTypeQualifier			
			SEMANTIC: NM10	02 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
REQUIRED	NM103	1035		r Organization Name ame or organizational name	X	AN	1/60
			OD: 837A1_2010	OCA_NM103PatientLastName			
			SYNTAX: C1203				
			UB-92 Refere	ence [UB-92 Name]:			
			12 [Patient N	ame]			
			EMC v.6.0 Re	ference:			
			Record Type	20 Field No. 4			
				formation cannot be reported by state the last name should be masked.		federal	law or
REQUIRED	NM104	1036	Name First Individual first n	ame	0	AN	1/35
			od: 837A1_2010	OCA_NM104PatientFirstName			
			UB-92 Refere	ence [UB-92 Name]:			
			BHT04 is the	Processing Date - UB cross referen	ce 01	020. []	
			EMC v.6.0 Re	eference:			
			Record Type	20 Field No. 5			
				formation cannot be reported by stat en the first name should be masked		federal	law or

I ATIENT NAME								
SITUATIONAL	NM105	1037	Name Middle Individual midd	e le name or initial	0	AN	1/25	
			od: 837A1_201	0CA_NM105PatientMiddleName				
			UB-92 Refere	ence [UB-92 Name]:				
			BHT03 is the 01017. []	file sequence and serial number	r - UB cro	ss refe	erence	
			EMC v.6.0 Re	eference:				
			Record Type	20 Field No. 6				
				formation cannot be reported by nen the middle name should be r		federal	law or	
NOT USED	NM106	1038	Name Prefix		01	AN	1/10	
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	0	AN	1/10	
			od: 837A1_201	0CA_NM107PatientNameSuffix				
			ALIAS: Patient's Generation					
			ment is required when the NM10 ffix is known. Examples: I, II, III, I	_	one (1)	and		
				formation cannot be reported by nen the name suffix should be m		federal	law o	
SITUATIONAL	NM108	08 66		n Code Qualifier ng the system/method of code structure	X e used for l	ID dentifica	1/2 ition	
			od: 837A1_201	0CA_NM108IdentificationCodeQuali	fier			
			SYNTAX : P0809					
			different from	ment is required when the Patien In the Subscriber's Identifier and Iral law or regulation.				
			CODE	DEFINITION				
			34	Social Security Number				
			МІ	Member Identification Numbe	r			
				The code MI is intended to be				
				identification number as assig Payers use different terminolog same number, therefore, the 8	ogy to co	nvey th		

Workgroup recommends using MI - Member

Health Insurance Claim Number (HIC), etc.

Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID,

ZZ **Mutually Defined**

The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

SITUATIONAL NM109

67

Identification Code

AN Χ

2/80

Code identifying a party or other code

op: 837A1_2010CA_NM109__PatientPrimaryIdentifier

SYNTAX: P0809

UB-92 Reference [UB-92 Name]:

60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]

EMC v.6.0 Reference:

Record Type 30 Field No. 7

This data element is required when the Patients ID is different from the Subscribers ID.

NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

PATIENT ADDRESS

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1_2010CA_N3

Example: N3*RFD 10*100 COUNTRY LANE~

STANDARD

N3 Address Information

Level: Detail

Position: 0250

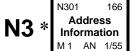
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

DIAGRAM





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N301	166	Address Information Address information op: 837A1_2010CA_N301PatientAddressLine UB-92 Reference [UB-92 Name]: 13 [Patient Address] EMC v.6.0 Reference: Record Type 20 Field No. 12	M	AN	1/55
SITUATIONAL	N302	166	Address Information Address information ob: 837A1_2010CA_N302PatientAddressLine UB-92 Reference [UB-92 Name]: 13 [Patient Address] EMC v.6.0 Reference: Record Type 20 Field No. 13 Required if a second address line exists.	O	AN	1/55

PATIENT CITY/STATE/ZIP CODE

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1_2010CA_N4

Example: N4*CORNFIELD TOWNSHIP*IA*99999~

STANDARD

N4 Geographic Location

Level: Detail

Position: 0300

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. E0207

Only one of N402 or N407 may be present.

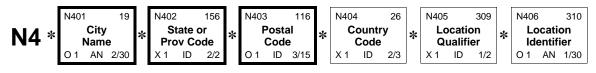
2. C0605

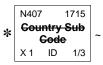
If N406 is present, then N405 is required.

3. C0704

If N407 is present, then N404 is required.

DIAGRAM





USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30
			op: 837A1_2010CA_N401PatientCityName			
			COMMENT : A combination of either N401 through N404, or N4 adequate to specify a location.	05 aı	nd N406	3 may be
			UB-92 Reference [UB-92 Name]:			
			13 [Patient Address]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 14			
REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate g	X overr	ID nment a	2/2 gency
			op: 837A1_2010CA_N402PatientStateCode			
			syntax: E0207			
			COMMENT: N402 is required only if city name (N401) is in the	U.S.	or Cana	ıda.
			CODE SOURCE 22: States and Outlying Areas of the U.S.			
			UB-92 Reference [UB-92 Name]:			
			Federal Tax ID []			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 15			
REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding pund (zip code for United States)	O ctuatio	ID on and I	3/15 olanks
			op: 837A1_2010CA_N403PatientPostalZoneorZIPCode			
			CODE SOURCE 51: ZIP Code			
			UB-92 Reference [UB-92 Name]:			
			13 [Patient Address]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 16			
SITUATIONAL	N404	26	Country Code Code identifying the country	X	ID	2/3
			ор: 837A1_2010CA_N404CountryCode			
			SYNTAX: C0704			
			CODE SOURCE 5: Countries, Currencies and Funds			
			This data element is required when the address is U.S.	out	side of	the

SITUATIONAL	N405	309	Code identifying od: 837A1_2010 syntax: C0605	Location Qualifier Code identifying type of location od: 837A1_2010CA_N405 syntax: C0605 CODE DEFINITION				
SITUATIONAL	N406	310	CO Location Ider	County/Parish and State ntifier ntifies a specific location	0	AN	1/30	
NOT USED	N407	1715	Federal law o	ode is to be reported when require or regulations, or when reporting t sis is permitted by State or Federa division Code	his data	on a	ations.	

PATIENT DEMOGRAPHIC INFORMATION

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1_2010CA_DMG Example: DMG*D8*19530101*F~

STANDARD

DMG Demographic Information

Level: Detail

Position: 0320

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

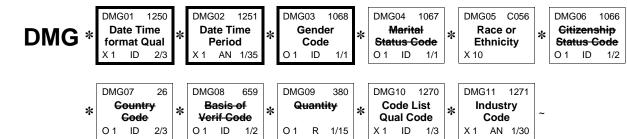
2. P1011

If either DMG10 or DMG11 is present, then the other is required.

3. C1105

If DMG11 is present, then DMG05 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	DMG01	1250		riod Format Qualifier the date format, time format, or date and time	X ne for	ID mat	2/3
			od: 837A1_2010	CA_DMG01DateTimePeriodFormatQuali	ifier		
			SYNTAX : P0102				
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYM	MDD)	

REQUIRED	DMG02	1251		Time Period sion of a date, a time, or range of dates, times or	X dates and	AN d times	1/35
			od: 837	A1_2010CA_DMG02PatientBirthDate			
			ALIAS: F	Patient's Date of Birth			
			SYNTAX:	P0102			
			SEMANTI	c: DMG02 is the date of birth.			
			UB-92	Reference [UB-92 Name]:			
			14 [Pa	tient Birthdate]			
			EMC v	v.6.0 Reference:			
			Recor	d Type 20 Field No. 8 (MMDDCCYY)			
REQUIRED	DMG03	1068		er Code adicating the sex of the individual	0	ID	1/1
			od: 837	A1_2010CA_DMG03PatientGenderCode			
			UB-92	Reference [UB-92 Name]:			
				tient Sex]			
			EMC v	r.6.0 Reference:			
				d Type 20 Field No. 7			
				ODE DEFINITION			
			F	Female			
			М	Male			
				maio			
			U	Unknown			
NOT USED	DMG04	1067	U		01	ID	1/1
NOT USED SITUATIONAL	DMG04 DMG05	1067 C056	U Marita COMP INFOR	Unknown I Status Code OSITE RACE OR ETHNICITY	X 10	ID	1/1
NOT USED SITUATIONAL			U Marita COMP INFOR To send	Unknown I Status Code OSITE RACE OR ETHNICITY RMATION d general and detailed information on race or ethn	X 10	ID	1/1
			U Marita COMP INFOR To send OD: 837	Unknown I Status Code OSITE RACE OR ETHNICITY	X 10 nicity accomm viduals	odate to repo	the
SITUATIONAL		C056	U Marita COMP INFOR To send OD: 837	Unknown I Status Code COSITE RACE OR ETHNICITY EMATION Id general and detailed information on race or ethn A1_2010CA_DMG05_C056 COSITE C056 may repeat up to 10 times to a Directive 15 specification that allows indi	X 10 nicity accomm viduals	odate to repo	the
SITUATIONAL NOT USED	DMG05	C056	U Marita COMP INFOR To send OD: 837. Compo	Unknown I Status Code OSITE RACE OR ETHNICITY MATION d general and detailed information on race or ethr A1_2010CA_DMG05_C056 osite C056 may repeat up to 10 times to a Directive 15 specification that allows indiction one race code along with the ethnicity	X 10 nicity accomm viduals ity code	odate to repo	the ort
SITUATIONAL NOT USED	DMG05 -	C056	U Marita COMP INFOR To send OD: 8377 Compo OMB I more 1	Unknown I Status Code OSITE RACE OR ETHNICITY MATION d general and detailed information on race or ethr A1_2010CA_DMG05_C056 osite C056 may repeat up to 10 times to a Directive 15 specification that allows indicated in the ethnicity code Race or Ethnicity Code Code List Qualifier Code	X 10 nicity accomm viduals ity code	odate to repo ID	the ort
SITUATIONAL NOT USED	DMG05 -	C056	U Marita COMP INFOR To send OD: 8377 Compo OMB I more 1	Unknown I Status Code OSITE RACE OR ETHNICITY MATION d general and detailed information on race or ethn A1_2010CA_DMG05_C056 osite C056 may repeat up to 10 times to a Directive 15 specification that allows indicted and one race code along with the ethnicity Race or Ethnicity Code Code List Qualifier Code Code identifying a specific industry code list	X 10 nicity accomm viduals ity code	odate to repo ID	the ort
	DMG05 -	C056	U Marita COMP INFOR To send OD: 8377 Compo OMB I more 1	Unknown I Status Code OSITE RACE OR ETHNICITY MATION d general and detailed information on race or ethn A1_2010CA_DMG05_C056 osite C056 may repeat up to 10 times to a Directive 15 specification that allows indicted in the ethnicity code Race or Ethnicity Code Code List Qualifier Code Code identifying a specific industry code list od: 837A1_2010CA_DMG05_C05602_	X 10 nicity accomm viduals ity code O X	odate to repo ID ID	the ort 1/1 1/3
SITUATIONAL NOT USED	DMG05 -	C056	U Marita COMPINFOR To send OD: 837. Compo OMB I more 1	Unknown I Status Code OSITE RACE OR ETHNICITY MATION d general and detailed information on race or ethnomous A1_2010CA_DMG05_C056 osite C056 may repeat up to 10 times to a Directive 15 specification that allows indicated and one race code along with the ethnicity Race or Ethnicity Code Code List Qualifier Code Code identifying a specific industry code list od: 837A1_2010CA_DMG05_C05602_ INDUSTRY: Code List Qualifier Code The race and/or ethnicity codes are to be	X 10 nicity accomm viduals ity code O X	odate to repo ID ID	the ort 1/1 1/3
SITUATIONAL NOT USED	DMG05 -	C056	U Marita COMPINFOR To send OD: 837. Compo OMB I more 1	Unknown I Status Code OSITE RACE OR ETHNICITY MATION d general and detailed information on race or ethnicity A1_2010CA_DMG05_C056 osite C056 may repeat up to 10 times to a Directive 15 specification that allows indiction one race code along with the ethnicity Race or Ethnicity Code Code List Qualifier Code Code identifying a specific industry code list od: 837A1_2010CA_DMG05_C05602_ INDUSTRY: Code List Qualifier Code The race and/or ethnicity codes are to be required by State or Federal law or regularity.	X 10 nicity accomm viduals ity code O X	odate to repo ID ID	the ort 1/1 1/3

SITUATIONAL

DMG05 - 3

1271 **Industry Code**

AN 1/30

Code indicating a code from a specific industry code list

OD: 837A1_2010CA_DMG05_C05603_

INDUSTRY: Race or Ethnicity Code

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

The Classification of Race and Ethnicity is a detailed code list that uniquely identifies each known race and ethnicity entity and organizes these entities in a hierarchical structure. For the convenience of the users of this guide, the high level race and ethnicity entities are listed with their unique identification number form the code list.

Level	Unique ID	Description
R1	10025	American Indian
R2	20289	Asian
R3	20545	Black or African American
R4	20768	Native Hawaian or Pacific Islander
R5	21063	White
R9	21089	Other Race
E1	21337	Hispanic or Latino Ethnicity
E2	21865	Non Hispanic or Latino Ethnicity

NOT USED	DMG06	1066	Citizenship Status Code	0 1	ID	1/2
NOT USED	DMG07	26	Country Code	01	ID	2/3
NOT USED	DMG08	659	Basis of Verification Code	01	ID	1/2
NOT USED	DMG09	380	Quantity	01	R	1/15
SITUATIONAL	DMG10	1270	Code List Qualifier Code	Х	ID	1/3

Code identifying a specific industry code list

od: 837A1_2010CA_DMG10__

SYNTAX: P1011

INDUSTRY: Code List Qualifier Code

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

CODE	DEFINITION
REC	Race or Ethnicity Collection Code
	CODE SOURCE 860: Race or Ethnicity Collection Code

SITUATIONAL DMG11 1271 X AN 1/30 **Industry Code**

Code indicating a code from a specific industry code list

od: 837A1_2010CA_DMG11__

SYNTAX: P1011, C1105

SEMANTIC: DMG11 is used to specify how the information in DMG05, including

repeats of C056, was collected.

INDUSTRY: Collection Method Code

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

PATIENT SECONDARY IDENTIFICATION NUMBER

Loop: 2010CA — PATIENT NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1_2010CA_REF

Notes: 1. This segment is required when an additional identification number is

needed.

Example: REF*A6*030385074~

STANDARD

REF Reference Identification

Level: Detail Position: 0350 Loop: 2010

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

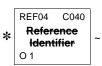
At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	 	ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3	

Code qualifying the Reference Identification

op: 837A1_2010CA_REF01__ReferenceIdentificationQualifier

CODE	DEFINITION
1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.
ABB	Personal ID Number Used for state specific linkage variables at the encounter.
IG	Insurance Policy Number

			SY Social Security Number			
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	X on Set	AN or as sp	1/50 pecified
			op: 837A1_2010CA_REF02PatientSecondaryIdentifier			
			syntax: R0203			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0 1		

CLAIM INFORMATION

Loop: 2300 — CLAIM INFORMATION Repeat: 100

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1 2300

Segment OD: 837A1_2300_CLM

Notes:

- The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
- 2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BC in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

Example: CLM*01319300001*500***11:A:1*Y*A*Y*Y***02******N~

STANDARD

CLM Health Claim

Level: Detail Position: 1300

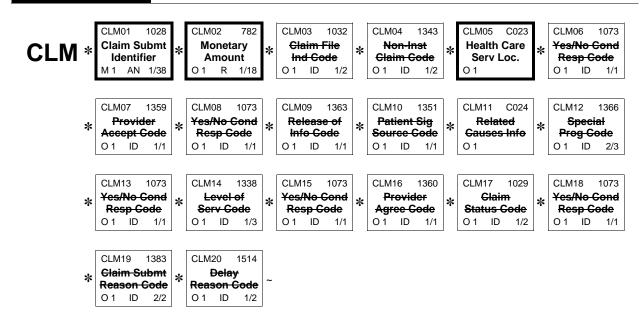
Loop: 2300 Repeat: 100

Requirement: Optional

Max Use: 1

Purpose: To specify basic data about the claim

DIAGRAM



ELEMENT SUMMARY

USAGE REF. DATA LELEMENT NAME ATTRIBUTES

REQUIRED

CLM01

1028

Claim Submitter's Identifier

M AN 1/38

Identifier used to track a claim from creation by the health care provider through payment

op: 837A1_2300_CLM01__PatientAccountNumber

ALIAS: Patient Control Number

UB-92 Reference [UB-92 Name]:

3 [Patient Control Number]

EMC v.6.0 Reference:

Record Type 20 Field No. 3

The Patient Control Number as defined by the National Uniform Billing Committee is a unique number assigned by the provider to facilitate retrieval of individual financial and clinical records and posting of the payment. This is typically a key element in provider information systems for retrieval of an individual's records, which is why it is also necessary for reporting functions.

The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.

REQUIRED CLM02 782 Monetary Amount O R 1/18

Monetary amount

op: 837A1_2300_CLM02__TotalClaimChargeAmount

ALIAS: Total Claim Charges

SEMANTIC: CLM02 is the total amount of all submitted charges of service segments for this claim.

UB-92 Reference [UB-92 Name]:

47 (Revenue Code 001) This amount is the total of the SV2 segments, with the exception of Revenue Code 001. [Total Charges (by Revenue Code Category)]

EMC v.6.0 Reference:

Record Type 90 Field No. 13 (Total of Field No. 13 and Field No. 15. This amount is the total of the SV2 segments, with the exception of Revenue Code 001.)

Use this element to indicate the total amount of all submitted charges of service segments for this claim.

Zero may be a valid amount.

NOT USED	CLM03	1032	Claim Filing Indicator Code	0 1	ID	1/2
NOT USED	CLM04	1343	Non-Institutional Claim Type Code	01	ID	1/2
REQUIRED	CLM05	C023	HEALTH CARE SERVICE LOCATION	0 1		

INFORMATION

To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

od: 837A1_2300_CLM05_C023

ALIAS: Type of Bill

REQUIRED CLM05 - 1 1331 Facility Code Value

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format

op: 837A1_2300_CLM05_C02301_FacilityTypeCode

UB-92 Reference [UB-92 Name]:

4, Positions 1-2 [Type of Bill]

EMC v.6.0 Reference:

Record Type 40 Field No. 4, Positions 1-2 Record Type 10 Field No. 2, Positions 1-2

Record Type 95 Field No. 5, Position 1-2 (Batch Control)

For some state data collection systems the reporting of Interim bills is not authorized by state or federal law or regulations. In those instances only Type of Bill codes for admit through discharge claims would be permissible.

84

AN

1/2

REQUIRED	CLM05 -	2	1332	Facilit	y Code Qualifier	0	ID	1/2
					dentifying the type of facility referenced			-
				OD: 83	7A1_2300_CLM05_C02302_FacilityCod	leQualifie	r	
			с	ODE	DEFINITION			
			Α		Uniform Billing Claim Form Bill	Туре		
					CODE SOURCE 236: Uniform Billing Clair	m Form B	ill Type	
REQUIRED	CLM05 -	3	1325	Code s	Frequency Type Code pecifying the frequency of the claim; this form Billing Claim Form Bill Type	O s is the thi	ID ird posit	1/1 tion of
				OD: 83	7A1_2300_CLM05_C02303_ClaimFreq	uencyCod	de	
				CODE SO	DURCE 235: Claim Frequency Type Code			
				UB-92	Reference [UB-92 Name]:			
				4, Pos	ition 3 [Type of Bill]			
				EMC v	v.6.0 Reference:			
				Recor	d Type 40 Field No. 4, Position 3			
					d Type 10 Field No. 2, Position 3		_	
				Recor	d Type 95 Field No. 5, Position 3	(Batch	Contro	ol)
NOT USED	CLM06	1073	Yes/N	o Condi	tion or Response Code	0 1	ID	1/1
NOT USED	CLM07	1359	Provid	ler Acce	ept Assignment Code	0 1	ID	1/1
NOT USED	CLM08	1073	Yes/N	o Condi	tion or Response Code	01	ID	1/1
NOT USED	CLM09	1363	Releas	se of Inf	ormation Code	01	ID	1/1
NOT USED	CLM10	1351	Patien	t Signa	ture Source Code	0 1	ID	1/1
NOT USED	CLM11	C024	RELA	TED CA	USES INFORMATION	01		
NOT USED	CLM12	1366	Specia	al Progr	am Code	01	ID	2/3
NOT USED	CLM13	1073	Yes/N	o Condi	tion or Response Code	01	ID	1/1
NOT USED	CLM14	1338	Level	of Servi	ce Code	01	ID	1/3
NOT USED	CLM15	1073	Yes/N	o Condi	tion or Response Code	01	ID	1/1
NOT USED	CLM16	1360	Provid	ler Agre	ement Code	01	ID	1/1
NOT USED	CLM17	1029	Claim	Status	Code	0 1	ID	1/2
NOT USED	CLM18	1073	Yes/N	o Condi	tion or Response Code	01	ID	1/1
NOT USED	CLM19	1383	Claim	Submis	ssion Reason Code	01	ID	2/2

DISCHARGE HOUR

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_DTP

Notes: 1. The dates in Loop ID-2300 apply to all service lines within Loop ID-

2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the

DTP in Loop ID-2300 for that service line only.

2. This segment is required on all final inpatient claims/encounters.

Example: DTP*096*TM*1130~

STANDARD

DTP Date or Time or Period

Level: Detail **Position:** 1350

Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM





USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	DTP01	374	Date/Time Qu Code specifying	type of date or time, or both date and time	M	ID	3/3
			op: 837A1_2300_DTP01DateTimeQualifier				
			CODE	DEFINITION			
			096	Discharge			

REQUIRED DTP02 1250 ID 2/3 **Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format op: 837A1_2300_DTP02__DateTimePeriodFormatQualifier **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION TM **Time Expressed in Format HHMM REQUIRED** DTP03 1251 **Date Time Period** M ΑN 1/35 Expression of a date, a time, or range of dates, times or dates and times op: 837A1_2300_DTP03__DischargeHour UB-92 Reference [UB-92 Name]: 21 [Discharge Hour] EMC v.6.0 Reference:

Record Type 20 Field No. 22

STATEMENT DATES

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1_2300_DTP

Example: DTP*434*RD8*19981209-19981214~

STANDARD

DTP Date or Time or Period

Level: Detail Position: 1350

Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM







USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	DTP01	374	, , ,	Alifier type of date or time, or both date and time _DTP01DateTimeQualifier DEFINITION Statement	M	ID	3/3
REQUIRED	DTP02	1250	Date Time Per Code indicating to OD: 837A1_2300_ SEMANTIC: DTP02 CODE			2/3 TP03.	
			D8	Date Expressed in Format CCYYMI	MDD		
			RD8	Range of Dates Expressed in Form CCYYMMDD Use RD8 in DTP02 if it is necessary begin/end for from/to statement da	/ to i		

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

op: 837A1_2300_DTP03__StatementFromorToDate

UB-92 Reference [UB-92 Name]:

6 (From) and (Through) [Statement Covers Period]

EMC v.6.0 Reference:

Record Type 20 Field No. 19, 20

ADMISSION DATE/HOUR

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_DTP

Notes: 1. The dates in

 The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the

DTP in Loop ID-2300 for that service line only.

2. This segment is required on all Inpatient claims.

3. This data element is required on outpatient claims when authorized by state or federal law or regulations.

Example: DTP*435*DT*199610131242~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 1350

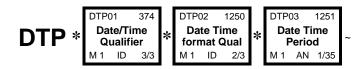
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	DTP01	374	Date/Time Qu Code specifying	alifier type of date or time, or both date and time	M	ID	3/3
			od: 837A1_2300	_DTP01DateTimeQualifier			
			CODE	DEFINITION			
			435	Admission			

REQUIRED	DTP02	1250		riod Format Qualifier M the date format, time format, or date and time form	ID nat	2/3			
				_DTP02DateTimePeriodFormatQualifier 2 is the date or time or period format that will appe	ar in DT	「P03.			
			DT	Date and Time Expressed in Format CCYYMMDDHHMM					
REQUIRED	DTP03	1251	·	riod M date, a time, or range of dates, times or dates and _DTP03AdmissionDateandHour	AN times	1/35			
				nce [UB-92 Name]:					
			-	n/Start of Care Date]					
			18 [Admission Hour]						
			EMC v.6.0 Reference:						
			Record Type 2	20 Field No. 17 (Admission Date)					

Record Type 20 Field No. 18 (Admission Hour)

INSTITUTIONAL CLAIM CODE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_CL1

Notes: 1. This segment is required when reporting hospital based admission

and Medicare outpatient registrations on claims/encounters. It may be used when provider wishes to communicate this information on non-

Medicare outpatient claims/encounters.

Example: CL1*1*7*30~

STANDARD

CL1 Claim Codes

Level: Detail **Position:** 1400

Loop: 2300

Requirement: Optional

Max Use: 1

Purpose: To supply information specific to hospital claims

DIAGRAM

CL1 * CL101 1315
Admission
Type Code
O 1 ID 1/1

CL102 1314
Admission
Source Code
O 1 ID 1/1

* CL103 1352
 Patient
 Status Code
 O 1 ID 1/2

CL104 1345
Nurse Home
Status Code
O 1 ID 1/1

ELEMENT SUMMARY

USAGE REF. DATA NAME ATTRIBUTES

SITUATIONAL CL101 1315 Admission Type Code Code indicating the priority of this admission

op: 837A1_2300_CL101__AdmissionTypeCode

CODE SOURCE 231: Admission Type Code

UB-92 Reference [UB-92 Name]:

19 [Type of Admission]

EMC v.6.0 Reference:

Record Type 20 Field No. 10

Required when patient is being admitted to the hospital for inpatient services.

SITUATIONAL	CL102	1314	Admission Source Code Code indicating the source of this admission	0	ID	1/1		
			ор: 837A1_2300_CL102AdmissionSourceCode					
			CODE SOURCE 230: Admission Source Code					
			UB-92 Reference [UB-92 Name]:					
			20 [Source of Admission]					
			EMC v.6.0 Reference:					
			Record Type 20 Field No. 11					
			Required for all inpatient admissions. Required or outpatient registrations for diagnostic testing serv					
SITUATIONAL	CL103	1352	Patient Status Code Code indicating patient status as of the "statement covers th	O rough	ID date"	1/2		
			op: 837A1_2300_CL103PatientStatusCode					
			CODE SOURCE 239: Patient Status Code					
			UB-92 Reference [UB-92 Name]:					
			22 [Patient Status]					
			EMC v.6.0 Reference:					
			Record Type 20 Field No. 21					
			This element is required for inpatient claims/encounters.					
NOT USED	CL104	1345	Nursing Home Residential Status Code	0 1	ID	1/1		

CLAIM SUPPLEMENTAL INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Segment OD: 837A1_2300_PWK

Notes:

- The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.
- 2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
- 3. The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.

Example: PWK*AS*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail Position: 1550

Loop: 2300

Requirement: Optional

Max Use: 10

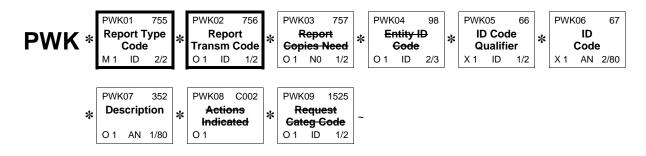
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PWK01	755	Report Type C Code indicating the	code he title or contents of a document, report o	M or supp	ID orting it	2/2 em
			od: 837A1_2300_	_PWK01AttachmentReportTypeCode			
			CODE	DEFINITION			
			AS	Admission Summary			
			B2	Prescription			
			В3	Physician Order			
			B4	Referral Form			
			СТ	Certification			
			DA	Dental Models			
			DG	Diagnostic Report			
			DS	Discharge Summary			
			ЕВ	Explanation of Benefits (Coordina Medicare Secondary Payor)	tion o	of Bene	efits or
			MT	Models			
			NN	Nursing Notes			
			ОВ	Operative Note			
			OZ	Support Data for Claim			
			PN	Physical Therapy Notes			
			РО	Prosthetics or Orthotic Certification	on		
			PZ	Physical Therapy Certification			
			RB	Radiology Films			
			RR	Radiology Reports			
			RT	Report of Tests and Analysis Rep	ort		
REQUIRED	PWK02	756	Report Transm Code defining time sent	nission Code ning, transmission method or format by wh	O ich rep	ID oorts are	1/2 to be
			od: 837A1_2300_	_PWK02AttachmentTransmissionCode			
			CODE	DEFINITION			
			EL	Electronically Only			
NOT USED	PWK03	757	Report Copies		0 1	N0	1/2
NOT USED	PWK04	98	Entity Identifie	er Code	0 1	ID	2/3

-										
SITUATIONAL	PWK05	66		Code Qualifier ng the system/method of code structure us	X sed for I	ID dentifica	1/2 ation			
			od: 837A1_2300	_PWK05IdentificationCodeQualifier						
			SYNTAX: P0506							
			comment: PWK0 number.	5 and PWK06 may be used to identify the	e addres	ssee by	a code			
			Can be used	ment is required when PWK02 DOI when PWK02 equals 'AA' if the Pro control number for an attachment r ice.	ovider	wants	to send			
			CODE	DEFINITION						
			AC	Attachment Control Number						
SITUATIONAL	PWK06	67	Identification Code identifying	Code a party or other code	X	AN	2/80			
			od: 837A1_2300	_PWK06AttachmentControlNumber						
			SYNTAX: P0506							
			Required if PWK02 equals BM, EL, EM or FX.							
SITUATIONAL	PWK07	352	Description A free-form desc	cription to clarify the related data element	O s and th	AN eir conte	1/80 ent			
			od: 837A1_2300	D_PWK07AttachmentDescription						
			ADVISORY: Under	most circumstances, this element is not	sent.					
			COMMENT: PWK0 specified report.	77 may be used to indicate special information	ation to	be show	n on the			
			This data element is used to add any additional information about the attachment described in this segment.							
NOT USED	PWK08	C002	ACTIONS IND	DICATED	01					
			ADVISORY: Under	most circumstances, this composite is no	ot sent.					
NOT USED	PWK09	1525	Request Cate	gory Code	0 1	ID	1/2			

PAYER ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_AMT

Notes:

- The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
- 2. This segment is required when the Payer Estimated Amount Due is applicable to this claim.

Example: AMT*C5*14523.1~

STANDARD

AMT Monetary Amount

Level: Detail

Position: 1750

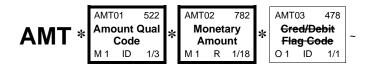
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	AMT01	522	Amount Quali Code to qualify a		M	ID	1/3
			od: 837A1_2300	_AMT01AmountQualifierCode			
			CODE	DEFINITION			
			C5	Claim Amount Due - Estimated			

REQUIRED	AMT02	782	Monetary Amount Monetary amount	M	R	1/18
			op: 837A1_2300_AMT02EstimatedClaimDueAmount			
			UB-92 Reference [UB-92 Name]:			
			55 (A-C) [Estimated Amount Due]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 26			
NOT USED	AMT03	478	Credit/Debit Flag Code	0 1	ID	1/1

PATIENT ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_AMT

Notes:

- The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
- 2. This segment is required when the Patient Responsibility Amount is applicable to this claim.

Example: AMT*F3*123~

STANDARD

AMT Monetary Amount

Level: Detail

Position: 1750

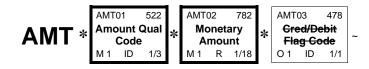
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	AMT01	522	Amount Qualify a		M	ID	1/3
			od: 837A1_2300_	_AMT01AmountQualifierCode			
			CODE	DEFINITION			
			F3	Patient Responsibility - Estimated			

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE

REQUIRED AMT02 782 М R 1/18 **Monetary Amount** Monetary amount op: 837A1_2300_AMT02__PatientResponsibilityAmount UB-92 Reference [UB-92 Name]: 55, Patient Line [Estimated Amount Due] EMC v.6.0 Reference: Record Type 20 Field No. 24 **NOT USED** AMT03 478 Credit/Debit Flag Code 01 ID 1/1

MEDICAL RECORD NUMBER

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_REF

Notes: 1. Required if provider needs to identify for future inquiries the actual

medical record of the patient identified in either Loop ID - 2010BA or

2010CA for this episode of care.

Example: REF*EA*1230484376R~

STANDARD

REF Reference Identification

Level: Detail **Position:** 1800

Loop: 2300

Requirement: Optional

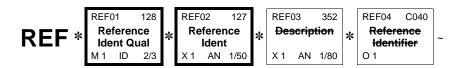
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	REF01	128		ntification Qualifier the Reference Identification	M	ID	2/3
			OD: 837A1_2300	_REF01ReferenceIdentificationQualifier			
			CODE	DEFINITION			
			EA	Medical Record Identification Num	ber		

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transacti by the Reference Identification Qualifier	X on Set	AN or as sp	1/50 pecified
			op: 837A1_2300_REF02MedicalRecordNumber			
			syntax: R0203			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 25 (Medical Record Nu	mber)	
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

MOTHER'S MEDICAL RECORD NUMBER FOR NEWBORNS

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_REF

Notes: 1. Required on reports for newborns and when mandated by state or

federal law or regulation.

STANDARD

REF Reference Identification

Level: Detail Position: 1800

Loop: 2300

Requirement: Optional

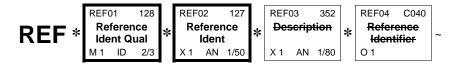
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ES
REQUIRED REF01		128	Reference Identification Qualifier Code qualifying the Reference Identification ob: 837A1_2300_REF01ReferenceIdentificationQualifier	M	ID	2/3
			MRN Medical Record Number			
REQUIRED	REF02 127	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	X n Set	AN or as sp	1/50 ecified
			op: 837A1_2300_REF02DemonstrationProjectIdentifier			
			SYNTAX: R0203			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0 1		

FILE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Segment OD: 837A1 2300 K3

Notes:

- 1. At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state or federal regulatory authority. The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information within the reporting guide are encouraged to codify that information within the X12 environment, that includes using coded information in the free text area of the K3 segment.
- 2. This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.
- 3. The K3 segment is used rather than the Claim NTE segment when it is NOT necessary to qualify the nature of the coded information required by the governmental agency.

STANDARD

K3 File Information

Level: Detail Position: 1850 Loop: 2300

Requirement: Optional

Max Use: 10

Purpose: To transmit a fixed-format record or matrix contents

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	K301	449	Fixed Format Information Data in fixed format agreed upon by sender and receiver	M	AN	1/80
			op: 837A1_2300_K301FixedFormatInformation			
NOT USED	K302	1333	Record Format Code	01	ID	1/2
NOT USED	K303	C001	COMPOSITE UNIT OF MEASURE	01		

CLAIM NOTE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Segment OD: 837A1_2300_NTE

Notes: 1. Information in the NTE segment in Loop ID-2300 applies to the entire

claim.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the X12 environment, that includes using coded information in the free text area of the NTE segment.

- 2. Required only when provider deems it necessary to transmit information not otherwise supported in this implementation.
- 3. Another potential use of the NTE segment is to accommodate legislated state or federal data requirements that are not otherwise supported in the 837 standard. Like the K3 Segment, this segment may only be required if a state concludes it must use to meet an emergency legislative requirement AND the adminstering governmental agency has contacted the X12N workgroup, requested a review of the NTE data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the governmental agency require the temporary use of the NTE to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.
- 4. The NTE segment is used rather than the K3 segment when it is necessary to qualify using NTE01 the nature of the information required by the governmental agency.

Example: NTE*DGN*PATIENT REQUIRES TUBE FEEDING~

STANDARD

NTE Note/Special Instruction

Level: Detail Position: 1900 Loop: 2300

Requirement: Optional

Max Use: 20

Purpose: To transmit information in a free-form format, if necessary, for comment or

special instruction

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBL	JTES	
REQUIRED	NTE01	363	Note Reference Code O ID 3/3 Code identifying the functional area or purpose for which the note applies			
			op: 837A1_2300_NTE01NoteReferenceCode			
			EMC v.6.0 Re	ference:		
			Record Type	73 Field No. 5		
			CODE	DEFINITION		
			DGN	Diagnosis Description		
				Used in Reporting Guide - for use with emerg state legislated requirements (i.e. CMR extra)	_	
			MED	Medications EMC Reference:		
				73 Field No. 5 Code 48510 Used in Reporting Guide - for use with emerg state legislated requirements (i.e. registries?		
			RHB	Functional Limitations, Reason Homebound, EMC Reference: 73 Field No. 5 Code 48617	or Both	
				Used in Reporting Guide - for use with emerg state legislated requirements (i.e. Functional ??).		
			UPI	Updated Information		
				EMC Reference:		
				73 Field No. 5 Code 48616 Used in Reporting Guide - for use with emerg state legislated requirements (NJ's needs).	ency	
REQUIRED	NTE02	352	Description A free-form des	M AN cription to clarify the related data elements and their cont	1/80 ent	
			op: 837A1_2300_NTE02ClaimNoteText			
			UB-92 Reference [UB-92 Name]:			
			84 [Remarks]			
			EMC v.6.0 Reference:			
			Record Type	73 Field No. 6		
				orting Guide - maybe - choice NTE or K3 or both ergency state legislated requirements.	for	

PRINCIPAL, ADMITTING, E-CODE, PATIENT REASON FOR VISIT DIAGNOSIS INFORMATION, AND OTHER E-CODES

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1_2300_HI

Notes: 1. The Principal Diagnosis is required on all inpatient and oupatient

claims.

2. The Admitting Diagnosis is required on all inpatient admission claims and encounters.

3. An E-Code and other E-Code diagnoses are required whenever a diagnosis is needed to completely describe an injury, poisoning or adverse effect.

4. The Patient Reason for Visit Diagnosis is required for all unscheduled outpatient visits.

Example: HI*BK:9976~

STANDARD

HI Health Care Information Codes

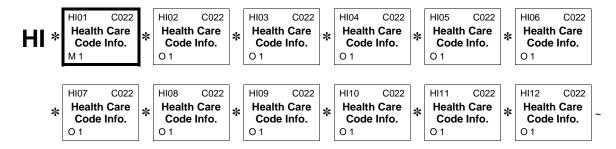
Level: Detail Position: 2310 Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	HI01	C022	HEAL	TH CARE CODE INFORMATION If health care codes and their associated dates, amo	M 1		
			od: 837	A1_2300_HI01_C022			
REQUIRED	HI01 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI01_C02201_CodeListQualifie	erCode	!	
			C	ODE DEFINITION			
			BK				
			DN	Principal Diagnosis code source 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	ition of	Diseas	es
REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry co	M de list	AN	1/30
				ор: 837A1_2300_HI01_C02202_IndustryCode			
				UB-92 Reference [UB-92 Name]:			
				67 [Principal Diagnosis Code]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 4			
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI01 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quantity	0	R	1/15
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amount	O 1 ounts a	ınd quai	ntities
			OD: 837	A1_2300_HI02_C022			
				red for all unscheduled outpatient visits or sion to the hosptial.	upon	the pa	atient's
REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				OD: 837A1_2300_HI02_C02201_CodeListQualifie	erCode		
				ZZ used to indicate the "Patient Reason F	or Vi	sit."	
			C	ODE DEFINITION			
			BJ	Admitting Diagnosis			
				CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	ition of	Diseas	es
			PR	Patient Reason For Visit			

				Used on Outpatient stays.			
REQUIRED	HI02 - 2		1271	Industry Code M Code indicating a code from a specific industry code lis		N	1/30
				o D: 837A1_2300_HI02_C02202_IndustryCode			
				UB-92 Reference [UB-92 Name]:			
				76 [Admitting Diagnosis/Patients Reason for	Visit]	
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 25			
NOT USED	HI02 - 3		1250	Date Time Period Format Qualifier X	II	D	2/3
NOT USED	HI02 - 4		1251	Date Time Period X	Α	N	1/35
NOT USED	HI02 - 5		782	Monetary Amount O	F	₹	1/18
NOT USED	HI02 - 6		380	Quantity	F	₹	1/15
NOT USED	HI02 - 7		799	Version Identifier O	Α	N	1/30
NOT USED	HI02 - 8		1271	Industry Code X	Α	N	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code X	II)	1/1
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION O 1 I health care codes and their associated dates, amounts		quanti	ties
			od: 837/	A1_2300_HI03_C022			
			Used v	when necessary to report multiple additional coions.	-exi	sting	
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	II	D	1/3
				op: 837A1_2300_HI03_C02201_CodeListQualifierCod	e		
			C	DDE DEFINITION			
			BN	United States Department of Health ar Services, Office of Vital Statistics E-co		umar	1
				Code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure	of Dis	seases	3
REQUIRED	HI03 - 2		1271	Industry Code M Code indicating a code from a specific industry code list	A	N	1/30
				op: 837A1_2300_HI03_C02202_IndustryCode			
				UB-92 Reference [UB-92 Name]:			
				77 [External Cause of Injury Code (E-code)]			
				EMC v.6.0 Reference: Record Type 70 Field No. 26			
NOT USED	шоэ э		1050			n	2/2
NOT USED	HI03 - 3		1250 1251	Date Time Period Format Qualifier X Date Time Period X	II ^		2/3 1/25
NOT USED	HI03 - 4		_		A F	N	1/35
NOT USED	HI03 - 5		782 380	Monetary Amount O			1/18
NOT USED	HI03 - 6		380	Quantity O Version Identifier O		₹ .	1/15
NOT USED	HI03 - 7		799			N N	1/30
JOED	HI03 - 8		1271	Industry Code X	Α	IN	1/30

NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, an	O 1 nounts a	ınd quai	ntities
			od: 837	A1_2300_HI04_C022			
			Used v	when necessary to report multiple additio ions.	nal co-	existir	ng
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				OD: 837A1_2300_HI04_C02201_			
			С	ODE DEFINITION			
			BN	United States Department of Hea			an
				code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure	cation of	Diseas	es
REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific industry of	M ode list	AN	1/30
				ор: 837A1_2300_HI04_C02202_			
				UB-92 Reference [UB-92 Name]:			
				77 [External Cause of Injury Code (E-cod	de)]		
NOT USED	HI04 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI04 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI04 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI04 - 6		380	Quantity	0	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI04 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, an	O 1 nounts a	ınd quai	ntities
			OD: 837	A1_2300_HI05_C022			
			Used v	when necessary to report multiple additio ions.	nal co-	existir	ng
REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI05_C02201_			
			С	ODE DEFINITION			
			BN	United States Department of Hea			an
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure			es
REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific industry of	M ode list	AN	1/30
				ор: 837A1_2300_HI05_C02202_			

				UB-92 Reference [UB-92 Name]:			
				77 [External Cause of Injury Code (E-cod	le)]		
NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI05 - 6		380	Quantity	0	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI05 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION	01	טו	1/1
	11100	CUZZ		d health care codes and their associated dates, am		ınd quai	ntities
			od: 837	A1_2300_HI06_C022			
			Used v	when necessary to report multiple addition ions.	nal co-	existin	ıg
REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				о р : 837A1_2300_HI06_C02201_			
			с	ODE DEFINITION			
			BN	United States Department of Hea Services, Office of Vital Statistics			an
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				ор: 837A1_2300_HI06_C02202_			
				UB-92 Reference [UB-92 Name]:			
				77 [External Cause of Injury Code (E-cod	le)]		
NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI06 - 4		1251		X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantity	0	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI06 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022	HEAL	TH CARE CODE INFORMATION d health care codes and their associated dates, am	01		
				A1_2300_HI07_C022			
			Used v	when necessary to report multiple addition	nal co-	existin	ıg
			condit	ions.			
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI07_C02201_			

REQUIRED				с	ODE	DEFINITION			
REQUIRED				BN		-			an
Code indicating a code from a specific industry code list							ation of	Diseas	es
NOT USED	REQUIRED	HI07 - 2		1271					1/30
NOT USED					od: 837/	A1_2300_HI07_C02202_			
NOT USED					UB-92 I	Reference [UB-92 Name]:			
NOT USED					77 [Ext	ernal Cause of Injury Code (E-cod	e)]		
NOT USED	NOT USED	HI07 - 3		1250	Date Ti	me Period Format Qualifier	X	ID	2/3
NOT USED	NOT USED	HI07 - 4		1251	Date Ti	me Period	Х	AN	1/35
NOT USED	NOT USED	HI07 - 5		782	Moneta	ry Amount	0	R	1/18
NOT USED	NOT USED	HI07 - 6		380	Quantit	у	Ο	R	1/15
NOT USED	NOT USED	HI07 - 7		799	Version	n Identifier	0	AN	1/30
C022 HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantities on: 837A1_2300_HI08_C022 Used when necessary to report multiple additional co-existing conditions.	NOT USED	HI07 - 8		1271	Industr	y Code	X	AN	1/30
To send health care codes and their associated dates, amounts and quantities	NOT USED	HI07 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1
Used when necessary to report multiple additional co-existing conditions.	SITUATIONAL	HI08	C022					ınd quaı	ntities
REQUIRED				od: 837	A1_2300_	HI08_C022			
REQUIRED						cessary to report multiple addition	al co-	existin	g
Code Identifying a specific industry code Iist	REQUIRED	Ы ІЛ Я - 1		1270	Code I	ist Qualifier Code	м	ID	1/3
CODE DEFINITION		11100		1210				10	1/3
BN					OD: 837	\1_2300_HI08_C02201_			
Services, Office of Vital Statistics E-code				с	ODE	DEFINITION			
REQUIRED				BN		•			an
Code indicating a code from a specific industry code list OD: 837A1_2300_HI08_C02202_ UB-92 Reference [UB-92 Name]: 77 [External Cause of Injury Code (E-code)] NOT USED HI08 - 3 1250 Date Time Period Format Qualifier X ID 2/3 NOT USED HI08 - 4 1251 Date Time Period X AN 1/35 NOT USED HI08 - 5 782 Monetary Amount O R 1/18 NOT USED HI08 - 6 380 Quantity O R 1/15 NOT USED HI08 - 7 799 Version Identifier O AN 1/30 NOT USED HI08 - 8 1271 Industry Code X AN 1/30							ation of	Diseas	es
UB-92 Reference [UB-92 Name]: 77 [External Cause of Injury Code (E-code)] NOT USED HI08 - 3 1250 Date Time Period Format Qualifier X ID 2/3 NOT USED HI08 - 4 1251 Date Time Period X AN 1/35 NOT USED HI08 - 5 782 Monetary Amount O R 1/18 NOT USED HI08 - 6 380 Quantity O R 1/15 NOT USED HI08 - 7 799 Version Identifier O AN 1/30 NOT USED HI08 - 8 1271 Industry Code X AN 1/30	REQUIRED	HI08 - 2		1271				AN	1/30
NOT USED					od: 837/	A1_2300_HI08_C02202_			
NOT USED HI08 - 3 1250 Date Time Period Format Qualifier X ID 2/3 NOT USED HI08 - 4 1251 Date Time Period X AN 1/35 NOT USED HI08 - 5 782 Monetary Amount O R 1/18 NOT USED HI08 - 6 380 Quantity O R 1/15 NOT USED HI08 - 7 799 Version Identifier O AN 1/30 NOT USED HI08 - 8 1271 Industry Code X AN 1/30					UB-92 I	Reference [UB-92 Name]:			
NOT USED HI08 - 4 1251 Date Time Period X AN 1/35 NOT USED HI08 - 5 782 Monetary Amount O R 1/18 NOT USED HI08 - 6 380 Quantity O R 1/15 NOT USED HI08 - 7 799 Version Identifier O AN 1/30 NOT USED HI08 - 8 1271 Industry Code X AN 1/30					77 [Ext	ernal Cause of Injury Code (E-cod	e)]		
NOT USED HI08 - 5 782 Monetary Amount O R 1/18 NOT USED HI08 - 6 380 Quantity O R 1/15 NOT USED HI08 - 7 799 Version Identifier O AN 1/30 NOT USED HI08 - 8 1271 Industry Code X AN 1/30	NOT USED	HI08 - 3		1250	Date Ti	me Period Format Qualifier	X	ID	2/3
NOT USED HI08 - 6 380 Quantity O R 1/15 NOT USED HI08 - 7 799 Version Identifier O AN 1/30 NOT USED HI08 - 8 1271 Industry Code X AN 1/30	NOT USED	HI08 - 4		1251	Date Ti	me Period	X	AN	1/35
NOT USED HI08 - 7 799 Version Identifier O AN 1/30 NOT USED HI08 - 8 1271 Industry Code X AN 1/30	NOT USED	HI08 - 5		782	Moneta	ry Amount	0	R	1/18
NOT USED HI08 - 8 1271 Industry Code X AN 1/30	NOT USED	HI08 - 6		380	Quantit	у	0	R	1/15
The Control industry code A 7th 1766	NOT USED	HI08 - 7		799	Version	n Identifier	0	AN	1/30
NOT USED HI08 - 9 1073 Yes/No Condition or Response Code X ID 1/1	NOT USED	HI08 - 8		1271	Industr	y Code	X	AN	1/30
The second secon	NOT USED	HI08 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1

SITUATIONAL	HI09	C022		_	E CODE INFORMATION are codes and their associated dates, an	O 1 nounts a	ınd qua	ntities
			od: 837	'A1_2300_	_HI09_C022			
			Used condition		cessary to report multiple additio	nal co-	existir	ng
REQUIRED	HI09 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				od: 837	A1_2300_HI09_C02201_			
			С	ODE	DEFINITION			
			BN		United States Department of Hea	lth and	d Hum	an
					Services, Office of Vital Statistic			
					Code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure	cation of	Diseas	es
REQUIRED	HI09 - 2		1271		ry Code dicating a code from a specific industry o	M ode list	AN	1/30
					A1 2300 HI09 C02202			
				UB-92	Reference [UB-92 Name]:			
				77 [Ext	ternal Cause of Injury Code (E-cod	de)]		
NOT USED	HI09 - 3		1250	Date Ti	ime Period Format Qualifier	Х	ID	2/3
NOT USED	HI09 - 4		1251	Date Ti	ime Period	X	AN	1/35
NOT USED	HI09 - 5		782	Moneta	ary Amount	0	R	1/18
NOT USED	HI09 - 6		380	Quanti	ty	0	R	1/15
NOT USED	HI09 - 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI09 - 8		1271	Industi	ry Code	X	AN	1/30
NOT USED	HI09 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10	C022		_	E CODE INFORMATION are codes and their associated dates, an	O 1 nounts a	ınd qua	ntities
			od: 837	'A1_2300_	_HI10_C022			
			Used	when ne	cessary to report multiple additio	nal co-	existir	ng
			condi	tions.				
REQUIRED	HI10 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				od: 837	A1_2300_HI10_C02201_			
				ODE	DEFINITION			
			BN		United States Department of Hea Services, Office of Vital Statistic			an
					Code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure	cation of	Diseas	es
REQUIRED	HI10 - 2		1271		ry Code	M	AN	1/30
					dicating a code from a specific industry of	ode list		
					A1_2300_HI10_C02202_			
				UB-92	Reference [UB-92 Name]:			

					,		
				77 [External Cause of Injury Code (E-cod	le)]		
NOT USED	HI10 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI10 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI10 - 6		380	Quantity	0	R	1/15
NOT USED	HI10 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI10 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI10 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O 1 nounts a	ınd qua	ntities
			od : 837	A1_2300_HI11_C022			
			Used v	when necessary to report multiple addition tions.	nal co-	existir	ng
REQUIRED	HI11 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				od: 837A1_2300_HI11_C02201_			
			С	CODE DEFINITION			
			BN	United States Department of Hea	Ith and	d Hum	an
				Services, Office of Vital Statistics	s E-co	de	
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	ses
REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry c	M ode list	AN	1/30
				ор: 837A1_2300_HI11_C02202_			
				UB-92 Reference [UB-92 Name]:			
				77 [External Cause of Injury Code (E-cod	le)]		
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O 1 nounts a	ınd qua	ntities
			od: 837	A1_2300_HI12_C022			
			Used condit	when necessary to report multiple addition	nal co-	existir	ng
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				ор: 837A1_2300_HI12_C02201_			

		c	ODE DEFINITION			
		BN	United States Department of Hea			an
			CODE SOURCE 131: International Classifi Clinical Mod (ICD-9-CM) Procedure	cation of	f Diseas	es
REQUIRED	HI12 - 2	1271	Industry Code Code indicating a code from a specific industry	M code list	AN	1/30
			ор: 837A1_2300_HI12_C02202_			
			UB-92 Reference [UB-92 Name]:			
			77 [External Cause of Injury Code (E-co	de)]		
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	Χ	ID	1/1

DIAGNOSIS RELATED GROUP (DRG) INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_HI

Notes: 1. DRG Information is required when an inpatient hospital is under DRG

contract with a payer and the contract requires the provider to identify

the DRG to the payer.

Example: HI*DR:123~

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

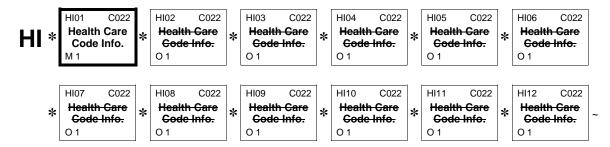
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE DATA
LELEMENT NAME ATTRIBUTES

REQUIRED

HI01 C022

HEALTH CARE CODE INFORMATION

M 1

To send health care codes and their associated dates, amounts and quantities

od: 837A1_2300_HI01_C022

REQUIRED	HI01 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
				od: 837	/A1_2300_HI01_C02201_CodeListQualit	fierCode		
			C	ODE	DEFINITION			
			DR		Diagnosis Related Group (DRG)			
					CODE SOURCE 229: Diagnosis Related G	roup Nu	mber (E	DRG)
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry of	M code list	AN	1/30
				od: 837	7A1_2300_HI01_C02202_DiagnosisRela	tedGrou	pDRGC	Code
NOT USED	HI01 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4		1251	Date T	ime Period	X	AN	1/35
NOT USED	HI01 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI01 - 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Indust	ry Code	X	AN	1/30
NOT USED	HI01 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1
NOT USED	HI02	C022	HEAL	TH CAR	E CODE INFORMATION	01		
NOT USED	HI03	C022	HEAL	TH CAR	E CODE INFORMATION	01		
NOT USED	HI04	C022	HEAL	TH CAR	E CODE INFORMATION	01		
NOT USED	HI05	C022	HEAL	TH CAR	E CODE INFORMATION	0 1		
NOT USED	HI06	C022	HEAL	TH CAR	E CODE INFORMATION	0 1		
NOT USED	HI07	C022	HEAL	TH CAR	E CODE INFORMATION	0 1		
NOT USED	HI08	C022	HEAL	TH CAR	E CODE INFORMATION	0 1		
NOT USED	HI09	C022	HEAL	TH CAR	E CODE INFORMATION	0 1		
NOT USED	HI10	C022	HEAL	TH CAR	E CODE INFORMATION	01		
NOT USED	HI11	C022	HEAL	TH CAR	E CODE INFORMATION	01		
NOT USED	HI12	C022	HEAL	TH CAR	E CODE INFORMATION	0 1		

OTHER DIAGNOSIS INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1_2300_HI

Notes: 1. Required when other condition(s) co-exists with the principal

diagnosis, co-exists at the time of admission or develops

subsequently during the patient's treatment.

Example: HI*BF:V9782~

STANDARD

HI Health Care Information Codes

Level: Detail **Position:** 2310

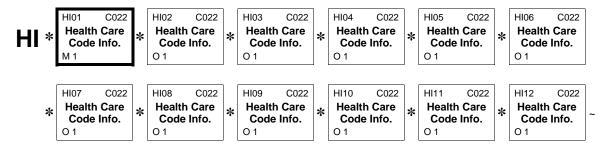
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	ITES
REQUIRED	HI01	C022			E CODE INFORMATION are codes and their associated dates, amo	M 1 ounts a	ınd qua	ntities
			OD: 837	A1_2300_	_HI01_C022			
REQUIRED	HI01 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				od: 837	'A1_2300_HI01_C02201_CodeListQualifie	erCode	:	
			C	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es

REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry co	M de list	AN	1/30
				ор: 837A1_2300_HI01_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI01 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quantity	0	R	1/15
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Industry Code	X	AN	1/30
SITUATIONAL	HI01 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				ор: 837A1_2300_HI01_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	ed wh	en req	uired
			c	ODE DEFINITION			
			N	No			
			U	Unknown			
			Y	Yes			
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amo	O 1 ounts a	nd quai	ntities
			od: 837	A1_2300_HI02_C022			
			Used condition	when necessary to report multiple addition ions.	al co-	existin	g
REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				OD: 837A1_2300_HI02_C02201_CodeListQualifie	erCode		
			С	ODE DEFINITION			
			BF	Diagnosis			

REQUIRED	HI02 - 2		1271	Industry Code N	1	AN	1/30
				Code indicating a code from a specific industry code I	ist		
				op: 837A1_2300_HI02_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11,	12		
NOT USED	HI02 - 3		1250	Date Time Period Format Qualifier	(ID	2/3
NOT USED	HI02 - 4		1251	Date Time Period	(AN	1/35
NOT USED	HI02 - 5		782	Monetary Amount)	R	1/18
NOT USED	HI02 - 6		380	Quantity)	R	1/15
NOT USED	HI02 - 7		799	Version Identifier C)	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code	(AN	1/30
SITUATIONAL	HI02 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	(ID	1/1
				od: 837A1_2300_HI02_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	whe	en req	uired
			c	ODE DEFINITION			
			N	No			
			U	Unknown			
			Υ	Yes			
SITUATIONAL	HI03	C022	HFAI	TH CARE CODE INFORMATION O	1		
				d health care codes and their associated dates, amount	-	nd quan	tities
			od: 837	A1_2300_HI03_C022			
			Used condition	when necessary to report multiple additional c tions.	:0-€	existin	g
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	1	ID	1/3
				ор: 837A1_2300_HI03_C02201_CodeListQualifierCo	de		
			c	ODE DEFINITION	_		
			BF	Diagnosis			
				CODE SOURCE 131: International Classification	of	Disease	es
				Clinical Mod (ICD-9-CM) Procedure			

REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry co	M de list	AN	1/30
				ор: 837A1_2300_HI03_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code	Х	AN	1/30
SITUATIONAL	HI03 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				ор: 837A1_2300_HI03_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	ed wh	en req	uired
			c	ODE DEFINITION			
			N	No			
			U	Unknown			
			Y	Yes			
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	O 1 ounts a	nd quai	ntities
			od: 837	A1_2300_HI04_C022			
			Used to	when necessary to report multiple additionations.	al co-	existin	g
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				OD: 837A1_2300_HI04_C02201_CodeListQualifie	rCode		
			c	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classifica			

REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				od: 837A1_2300_HI04_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI04 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI04 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI04 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI04 - 6		380	Quantity	0	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI04 - 8		1271	Industry Code	X	AN	1/30
SITUATIONAL	HI04 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respons	X	ID	1/1
				ор: 837A1_2300_HI04_C02209_			
				Onset of Diagnosis indicator to be report by State statute or regulation.	ed wh	en req	luired
			c	ODE DEFINITION			
			N	No			
			U	Unknown			
			Υ	Yes			
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O 1 ounts a	ınd quai	ntities
			od: 837	A1_2300_HI05_C022			
			Used condition	when necessary to report multiple addition tions.	al co-	existin	ıg
REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI05_C02201_CodeListQualific	erCode		
			С	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classification			

REQUIRED	HI05 - 2	2	1271	Industry Code Code indicating a code from a specific industry code	M le list	AN	1/30
				od: 837A1_2300_HI05_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 1	11, 12	2	
NOT USED	HI05 - 3	3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4	4	1251	Date Time Period	X	AN	1/35
NOT USED	HI05 -	5	782	Monetary Amount	0	R	1/18
NOT USED	HI05 - (6	380	Quantity	0	R	1/15
NOT USED	HI05 -	7	799	Version Identifier	0	AN	1/30
NOT USED	HI05 - 8	В	1271	Industry Code	X	AN	1/30
SITUATIONAL	HI05 - 9	9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				ор: 837A1_2300_HI05_C02209_			
				Onset of Diagnosis indicator to be reporte by State statute or regulation.	d wh	en req	juired
			c	ODE DEFINITION			
			N	No			
			U	Unknown			
			Υ	Yes			
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amou	O 1 unts a	ınd quai	ntities
			od: 837	A1_2300_HI06_C022			
			Used condition	when necessary to report multiple additionations.	ıl co-	existin	ıg
REQUIRED	HI06 -	1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				OD: 837A1_2300_HI06_C02201_CodeListQualifier	Code	:	
			c	ODE DEFINITION			
			BF	Diagnosis			
				Code source 131: International Classificat Clinical Mod (ICD-9-CM) Procedure	ion of	Diseas	es

REQUIRED	HI06 - 2		1271	Industry Code	М	AN	1/30
				Code indicating a code from a specific industry code	e list		
				op: 837A1_2300_HI06_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 1	1, 12	2	
NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantity	0	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code	Х	AN	1/30
SITUATIONAL	HI06 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				od: 837A1_2300_HI06_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	d wh	en req	uired
				ODE DEFINITION			
			N	No			
			U	Unknown			
			Y	Yes			
SITUATIONAL	HI07	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amou	O 1 nts a	nd quai	ntities
			od: 837	A1_2300_HI07_C022			
			Used condi	when necessary to report multiple additional tions.	co-	existin	g
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				OD: 837A1_2300_HI07_C02201_CodeListQualifierC	Code		
			c	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classification	on of	Diseas	es
				Clinical Mod (ICD-9-CM) Procedure			

REQUIRED	HI07 -	2	1271	Industry Code Code indicating a code from a specific industry co	M de list	AN	1/30
				ор: 837A1_2300_HI07_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI07 -	3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI07 -	4	1251	Date Time Period	X	AN	1/35
NOT USED	HI07 -	5	782	Monetary Amount	0	R	1/18
NOT USED	HI07 -	6	380	Quantity	0	R	1/15
NOT USED	HI07 -	7	799	Version Identifier	0	AN	1/30
NOT USED	HI07 -	8	1271	Industry Code	X	AN	1/30
SITUATIONAL	HI07 -	9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				ор: 837A1_2300_HI07_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	ed wh	en req	juired
			c	ODE DEFINITION			
			N	No			
			U	Unknown			
			Υ	Yes			
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	O 1 ounts a	ınd quai	ntities
			od: 837	A1_2300_HI08_C022			
			Used v	when necessary to report multiple addition ions.	al co-	existin	ıg
REQUIRED	HI08 -	1	1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				OD: 837A1_2300_HI08_C02201_CodeListQualifie	erCode		
			С	ODE DEFINITION			
			BF	Diagnosis			

REQUIRED	HI08 - 2		1271	Industry Code	M	AN	1/30
				Code indicating a code from a specific industry code	list		
				ор: 837A1_2300_HI08_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11	12)	
NOT USED							
	HI08 - 3		1250		X	ID	2/3
NOT USED	HI08 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI08 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI08 - 6		380	Quantity	0	R	1/15
NOT USED	HI08 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI08 - 8		1271	Industry Code	X	AN	1/30
SITUATIONAL	HI08 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				od: 837A1_2300_HI08_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	wh	en req	uired
				ODE DEFINITION			
			N	No			
			U	Unknown			
			Υ	Yes			
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amoun) 1 nts a	nd quar	ntities
			od: 837	A1_2300_HI09_C022			
			Used condi	when necessary to report multiple additional tions.	CO-(existin	g
REQUIRED	HI09 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI09_C02201_CodeListQualifierC	ode		
			c	ODE DEFINITION			
			BF	Diagnosis			
				code source 131: International Classificatio	n of	Disease	es
				Clinical Mod (ICD-9-CM) Procedure			

REQUIRED	HI09 -	2	1271	Industry Code Code indicating a code from a specific industry co	M de list	AN	1/30
				ор: 837A1_2300_HI09_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI09 -	3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 -	4	1251	Date Time Period	X	AN	1/35
NOT USED	HI09 -	5	782	Monetary Amount	0	R	1/18
NOT USED	HI09 -	6	380	Quantity	0	R	1/15
NOT USED	HI09 -	7	799	Version Identifier	0	AN	1/30
NOT USED	HI09 -	8	1271	Industry Code	X	AN	1/30
SITUATIONAL	HI09 -	9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				ор: 837A1_2300_HI09_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	ed wh	en req	uired
			С	ODE DEFINITION			
			N	No			
			U	Unknown			
			Y	Yes			
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	O 1 ounts a	nd quar	ntities
			od: 837	A1_2300_HI10_C022			
			Used condit	when necessary to report multiple addition ions.	al co-	existin	g
REQUIRED	HI10 -	1	1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				ор: 837A1_2300_HI10_C02201_CodeListQualifie	erCode		
			С	ODE DEFINITION			
			BF	Diagnosis			
				g			

REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				ор: 837A1_2300_HI10_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:		_	
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI10 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI10 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI10 - 6		380	Quantity	0	R	1/15
NOT USED	HI10 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI10 - 8		1271	Industry Code	X	AN	1/30
SITUATIONAL	HI10 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respons	X	ID	1/1
				OD: 837A1_2300_HI10_C02209_			
				Onset of Diagnosis indicator to be report by State statute or regulation.	ed wh	en rec	uired
				ODE DEFINITION			
			N	No			
			U	Unknown			
			Y	Yes			
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O 1 ounts a	ınd quai	ntities
			od: 837	A1_2300_HI11_C022			
			Used condition	when necessary to report multiple addition tions.	al co-	existin	ıg
REQUIRED	HI11 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI11_C02201_CodeListQualific	erCode	:	
			С	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classification			

REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry co	M de list	AN	1/30
				ор: 837A1_2300_HI11_C02202_			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code	X	AN	1/30
SITUATIONAL	HI11 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
				ор: 837A1_2300_HI11_C02209_			
				Onset of Diagnosis indicator to be reported by State statute or regulation.	ed wh	en req	uired
			c	ODE DEFINITION			
			N	No			
			U	Unknown			
			Υ	Yes			
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	O 1 ounts a	nd quar	ntities
			od: 837	A1_2300_HI12_C022			
			Used v	when necessary to report multiple addition ions.	al co-	existin	g
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				OD: 837A1_2300_HI12_C02201_CodeListQualifie	erCode		
			С	ODE DEFINITION			
			BF	Diagnosis			
				•			

REQUIRED	HI12 - 2	1271	Industry Code Code indicating a code from a specific industry cod	M e list	AN	1/30
			ор: 837A1_2300_HI12_C02202_			
			UB-92 Reference [UB-92 Name]:			
			68 [Other Diagnoses Codes]			
			69 [Other Diagnoses Codes]			
			70 [Other Diagnoses Codes]			
			71 [Other Diagnoses Codes]			
			72 [Other Diagnoses Codes]			
			73 [Other Diagnoses Codes]			
			74 [Other Diagnoses Codes]			
			75 [Other Diagnoses Codes]			
			EMC v.6.0 Reference:			
			Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 1	1, 12	2	
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
SITUATIONAL	HI12 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
			od: 837A1_2300_HI12_C02209_			
			Onset of Diagnosis indicator to be reporte by State statute or regulation.	d wh	en rec	quired
		С	ODE DEFINITION			
		N	No			
		U	Unknown			
		Y	Yes			

PRINCIPAL PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2300_HI

Notes: 1. Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy

was initiated.

2. Required on inpatient claims or encounters when a procedure was

performed.

Example: HI*BR:92795:D8:19980321~

STANDARD

HI Health Care Information Codes

Level: Detail Position: 2310

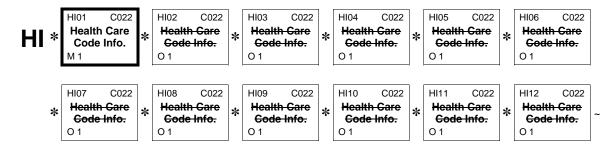
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED HI01 C022

HEALTH CARE CODE INFORMATION

M 1

To send health care codes and their associated dates, amounts and quantities

od: 837A1_2300_HI01_C022

REQUIRED	HI01 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			op: 837A1_2300_HI01_C02201_CodeListQualifierCode
		c	CODE DEFINITION
		ВР	Health Care Financing Administration Common Procedural Coding System Principal Procedure
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
		BR	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure
			CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
		CAH	Complimentary, Alternative, or Holistic Procedure Codes
			CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
		НО	Home Infusion EDI Coalition (HIEC) Product/Service Code
			CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
REQUIRED HI01 - 2	HI01 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		od: 837A1_2300_HI01_C02202_	
			UB-92 Reference [UB-92 Name]:
			80 [Principal Procedure Code and Date]
			EMC v.6.0 Reference:
			Record Type 70 Field No. 13
SITUATIONAL	HI01 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			op: 837A1_2300_HI01_C02203_DateTimePeriodFormatQualifier
		_	
			DEFINITION DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI01 - 4		Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data
SITUATIONAL	HI01 - 4	D8	Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data element HI01-1 equals "BR". Date Time Period X AN 1/35
SITUATIONAL	HI01 - 4	D8	Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data element HI01-1 equals "BR". Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
SITUATIONAL	HI01 - 4	D8	Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data element HI01-1 equals "BR". Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI01_C02204_DateTimePeriod
SITUATIONAL	HI01 - 4	D8	Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data element HI01-1 equals "BR". Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI01_C02204_DateTimePeriod UB-92 Reference [UB-92 Name]:
SITUATIONAL	HI01 - 4	D8	Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data element HI01-1 equals "BR". Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI01_C02204_DateTimePeriod UB-92 Reference [UB-92 Name]: 80, "DATE" field [Principal Procedure Code and Date]
SITUATIONAL	HI01 - 4	D8	Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data element HI01-1 equals "BR". Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI01_C02204_DateTimePeriod UB-92 Reference [UB-92 Name]: 80, "DATE" field [Principal Procedure Code and Date] EMC v.6.0 Reference:
SITUATIONAL NOT USED	HI01 - 4	D8	Date Expressed in Format CCYYMMDD Use code D8 when the value in composite data element HI01-1 equals "BR". Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI01_C02204_DateTimePeriod UB-92 Reference [UB-92 Name]: 80, "DATE" field [Principal Procedure Code and Date] EMC v.6.0 Reference: Record Type 70 Field No. 14

NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code	Χ	ID	1/1
NOT USED	HI02	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI03	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI04	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI05	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI06	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI07	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI08	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI09	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI10	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI11	C022	HEAL	TH CARE CODE INFORMATION	01		
NOT USED	HI12	C022	HEAL	TH CARE CODE INFORMATION	01		

OTHER PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1 2300 HI

Notes: 1. Required on Home IV therapy claims or encounters when surgery was

performed during the inpatient stay from which the course of therapy

was initiated.

2. Required on inpatient claims or encounters when additional

procedures must be reported.

Example: HI*BQ:92795:D8:19980321~

C022

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

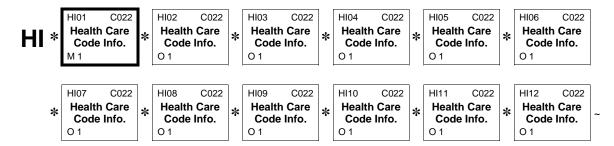
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED HI01

HEALTH CARE CODE INFORMATION

M 1

To send health care codes and their associated dates, amounts and quantities

od: 837A1_2300_HI01_C022

REQUIRED	HI01 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
		on: 837A1_2300_HI01_C02201_CodeListQualifierCode	
			CODE DEFINITION
		ВО	Health Care Financing Administration Common Procedural Coding System
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
			CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
		CAH	Complimentary, Alternative, or Holistic Procedure Codes
			CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
		НО	Home Infusion EDI Coalition (HIEC) Product/Service Code
			CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
REQUIRED	HI01 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			op: 837A1_2300_HI01_C02202_ProcedureCode
			UB-92 Reference [UB-92 Name]:
			81 (A-E) [Other Procedure Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI01 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			op: 837A1_2300_HI01_C02203_DateTimePeriodFormatQualifier
			Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.
			CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI01 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			ор: 837A1_2300_HI01_C02204_ProcedureDate
			UB-92 Reference [UB-92 Name]:
			81 (A-E) [Other Procedure Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI01 - 5	782	Monetary Amount O R 1/18

IMPLEMENTATION	JUIDE				OTHER PROC	EDUK	E INFO	RMATION
NOT USED	HI01 - 6		380	Quantity		0	R	1/15
NOT USED	HI01 - 7		799	Version Ide	entifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Industry Co	ode	X	AN	1/30
NOT USED	HI01 - 9		1073	Yes/No Co	ndition or Response Code	X	ID	1/1
SITUATIONAL	HI02	C022			DDE INFORMATION odes and their associated dates, am	O 1 ounts a	ınd quar	ntities
			od: 837	A1_2300_HI02	2_C022			
			Used to		ary to report multiple addition	al co-	existin	g
REQUIRED	HI02 - 1		1270		Qualifier Code ing a specific industry code list	M	ID	1/3
				od: 837A1_2	300_HI02_C02201_CodeListQualific	erCode		
			С	DDE DEFI	NITION			
			ВО		alth Care Financing Administra	ation (Commo	on
					e source 130: Health Care Financing nmon Procedural Coding System	g Admii	nistration	า
			BQ		ernational Classification of Dis dification (ICD-9-CM) Procedu		Clinic	al
					E SOURCE 131: International Classification (ICD-9-CM) Procedure	ation of	Diseas	es
			CAH	Cor Cor	mplimentary, Alternative, or Ho des	olistic	Proce	dure
					E SOURCE 843: Complimentary, Alterr cedure Codes	ative,	or Holist	ic
			НО	Hor Cod	ne Infusion EDI Coalition (HIE de	C) Pro	duct/S	ervice
					e source 513: Home Infusion EDI Co duct/Service Code List	alition	(HIEC)	
REQUIRED	HI02 - 2		1271	Industry Co Code indicati	ode ng a code from a specific industry co	M ode list	AN	1/30
				od: 837A1_2	300_HI02_C02202_ProcedureCode			
					erence [UB-92 Name]:			
				81 (A-E) [O	ther Procedure Codes and Da	tes]		
				EMC v.6.0				
				Record Typ	pe 70 Field No. 15, 17, 19, 21, 2	3		
SITUATIONAL	HI02 - 3		1250		Period Format Qualifier ng the date format, time format, or d	X ate and	ID d time fo	2/3 rmat
				od: 837A1_2	300_HI02_C02203_DateTimePeriod	dForma	ıtQualifie	er
				preceding procedure	the procedure code reported data element. Used if needed t date when the code reported i lately following element is req	o repo	ort a	
					,			

			C	ODE	DEFINITION					
			D8		Date Expressed in Format CCYY	MMDD				
SITUATIONAL		1251		ime Period sion of a date, a time, or range of dates, t	X imes or	AN dates a	1/35 nd times			
				od: 837	A1_2300_HI02_C02204_ProcedureDate)				
				UB-92	Reference [UB-92 Name]:					
				81 (A-E	E) [Other Procedure Codes and Da	ites]				
				EMC v	.6.0 Reference:					
				Record	d Type 70 Field No. 16, 18, 20, 22,	24				
NOT USED	HI02 - 5		782	Moneta	ary Amount	0	R	1/18		
NOT USED	HI02 - 6		380	Quanti		0	R	1/15		
NOT USED	HI02 - 7		799	Versio	n Identifier	0	AN	1/30		
NOT USED	HI02 - 8		1271	Indust	ry Code	X	AN	1/30		
NOT USED	HI02 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1		
SITUATIONAL	HI03	C022		TH CARI	O 1 nounts a	ınd quar	ntities			
			od: 837	A1_2300_	_HI03_C022					
			Used v	nal co-	existin	g				
REQUIRED	HI03 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3		
				od: 837	'A1_2300_HI03_C02201_CodeListQualif	ierCode	!			
			С	ODE	DEFINITION					
			ВО		Health Care Financing Administr Procedural Coding System	ation (Commo	n		
					CODE SOURCE 130: Health Care Financin Common Procedural Coding System	g Admii	nistratior	1		
			BQ		International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure					
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Disease	es		
			CAH		Complimentary, Alternative, or H Codes	olistic	Proce	dure		
					code source 843: Complimentary, Alter Procedure Codes	native,	or Holist	ic		
			НО		Home Infusion EDI Coalition (HIE Code	C) Pro	duct/S	ervice		
					CODE SOURCE 513: Home Infusion EDI C Product/Service Code List	oalition	(HIEC)			
REQUIRED	HI03 - 2		1271		ry Code dicating a code from a specific industry c	M ode list	AN	1/30		
				od: 837	'A1_2300_HI03_C02202_ProcedureCod	е				
				UB-92	UB-92 Reference [UB-92 Name]:					
				81 (A-E	E) [Other Procedure Codes and Da	ites]				

					EMC v.	6.0 Reference:				
					Record	Type 70 Field No. 15, 17, 19, 21, 2	3			
SITUATIONAL	HI03 -	3		1250		me Period Format Qualifier dicating the date format, time format, or d	X ate and	ID I time fo	2/3 ormat	
					OD: 837/	A1_2300_HI03_C02203_DateTimePeriod	dForma	tQualifi	ier	
					Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.					
				CC	ODE	DEFINITION				
				D8		Date Expressed in Format CCYYN	/MDD			
SITUATIONAL	HI03 -	4		1251		me Period ion of a date, a time, or range of dates, til	X mes or	AN dates a	1/35 and times	
					OD: 837/	A1_2300_HI03_C02204_ProcedureDate				
					UB-92	Reference [UB-92 Name]:				
					81 (A-E	() [Other Procedure Codes and Da	tes]			
					EMC v.	6.0 Reference:				
					Record	Type 70 Field No. 16, 18, 20, 22, 2	4			
NOT USED	HI03 -	5		782	Moneta	ary Amount	0	R	1/18	
NOT USED	HI03 -	6		380	Quantit	ty	0	R	1/15	
NOT USED	HI03 -	7		799	Version	n Identifier	0	AN	1/30	
NOT USED	HI03 -	8		1271	Industr	y Code	X	AN	1/30	
NOT USED	HI03 -	9		1073	Yes/No	Condition or Response Code	X	ID	1/1	
SITUATIONAL	HI04		C022			E CODE INFORMATION are codes and their associated dates, am	O 1 ounts a	nd qua	ntities	
				OD: 837	A1_2300_	HI04_C022				
				Used v		cessary to report multiple addition	al co-	existir	ng	
REQUIRED	HI04 -	1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3	
					OD: 837/	A1_2300_HI04_C02201_CodeListQualifi	erCode			
				C	ODE	DEFINITION				
				ВО		Health Care Financing Administra Procedural Coding System	ation C	Comm	on	
						CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admir	nistratio	n	
				BQ		International Classification of Dis Modification (ICD-9-CM) Procedur		Clinic	cal	
						CODE SOURCE 131: International Classification (ICD-9-CM) Procedure	ation of	Diseas	ses	
				CAH		Complimentary, Alternative, or Ho Codes	olistic	Proce	edure	

				CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes	
			НО	Home Infusion EDI Coalition (HIEC) Product/Ser Code	rvice
				CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List	
REQUIRED	HI04 - 2		1271	Industry Code M AN Code indicating a code from a specific industry code list	1/30
				op: 837A1_2300_HI04_C02202_ProcedureCode	
				UB-92 Reference [UB-92 Name]:	
				81 (A-E) [Other Procedure Codes and Dates]	
				EMC v.6.0 Reference:	
				Record Type 70 Field No. 15, 17, 19, 21, 23	
SITUATIONAL	HI04 - 3		1250	Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time form	2/3 nat
				op: 837A1_2300_HI04_C02203_DateTimePeriodFormatQualifier	
				Required if the procedure code reported is ICD-9-CM in preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If us the immediately following element is required.	
			С	ODE DEFINITION	
			D8	Date Expressed in Format CCYYMMDD	
SITUATIONAL	HI04 - 4		1251	Date Time Period X AN Expression of a date, a time, or range of dates, times or dates and	1/35 time
				OD: 837A1_2300_HI04_C02204_ProcedureDate	
				UB-92 Reference [UB-92 Name]:	
				81 (A-E) [Other Procedure Codes and Dates]	
				EMC v.6.0 Reference:	
				Record Type 70 Field No. 16, 18, 20, 22, 24	
NOT USED	HI04 - 5		782	Monetary Amount O R	1/18
NOT USED	HI04 - 6		380	Quantity O R	1/15
NOT USED	HI04 - 7		799	Version Identifier O AN	1/30
NOT USED	HI04 - 8		1271	Industry Code X AN	1/30
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code X ID	1/1
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantiti	ies
			od: 837	A1_2300_HI05_C022	
			Used v	when necessary to report multiple additional co-existing tions.	

BO Ba7A1_2300_HI05_C02201_CodeListQualifierCode CODE DEFINITION	REQUIRED HI05 - 1		1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
BO Health Care Financing Administration Common Procedural Coding System Cons source 130: Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Cone source 131: International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Codes Clinical Mod (ICD-9-CM) Procedure Codes Complimentary, Alternative, or Holistic Procedure Codes COMPLIMENTARY, Alternative, or Holistic Procedure Codes COMPLIMENTARY, Alternative, or Holistic Procedure Codes Code Codes Codes List HI05 - 2 1271 Industry Code MAN 1/30 Code Indicating a code from a specific industry code list on: 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format on: 837A1_2300_HI05_C02203_Date TimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a proc					ор: 837A1_2300_HI05_C02201_CodeListQualifierCode
Procedural Coding System cone sounce 130: Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Cone sounce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Codes Comes counce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Codes Comes counce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Codes Comes counce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Codes Comes counce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Codes Comes counce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Codes Code sounce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Code Sounce 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Code List Procedure Codes BY A1 2300_HIDS_CO2201_Procedure Code International Classification of Diseases Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating the date format, time format, or date and time format on: 837A1_2300_HIDS_CO2201_Date TimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICCP-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICCP-9-CM in the precedure Code reported is ICCP-9-CM in the procedure date when the code reported is ICCP-9-CM in the procedure date when the code reported is ICCP-9-CM in the procedure Code sound Independent Codes and Dates International Codes Independent Co				C	CODE DEFINITION
BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Cope source 131: International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Cope source 134: Internative, or Holistic Procedure Codes Complimentary, Alternative, or Holistic Procedure Codes Cope source 543: Complimentary, Alternative, or Holistic Procedure Codes Cope source 543: Complimentary, Alternative, or Holistic Procedure Codes Cope source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List Man An 1/30 Code indicating a code from a specific industry code list op. 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 Code indicating the date format, time format, or date and time format op. 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding date element. Used if needed to report a procedure date when the code reported is ICPCS. If used, the immediately following element is required. CODE DEFINITION				во	
Modification (ICD-9-CM) Procedure cops source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Codes cops source 343: Complimentary, Alternative, or Holistic Procedure Codes cops source 343: Complimentary, Alternative, or Holistic Procedure Codes HO Home Infusion EDI Coalition (HIEC) Product/Service Code Code Code Code Code cops source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List REQUIRED HI05 - 2 1271 Industry Code M AN 1/30 Code indicating a code from a specific industry code list op: 837A1_2300_H105_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format op: 837A1_2300_H105_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period Expression of a date, a time, or range of dates, times or dates and times or: 837A1_2300_H105_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					
Clinical Mod (ICCD-9-CM) Procedure CAH Complimentary, Alternative, or Holistic Procedure Codes Codes Source 843: Complimentary, Alternative, or Holistic Procedure Codes HO Home Infusion EDI Coalition (HIEC) Product/Service Code Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List REQUIRED HI05 - 2 1271 Industry Code M AN 1/30 Code indicating a code from a specific industry code list ob: 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format oo: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times ob. 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24				BQ	
Codes Code SOURCE \$43: Complimentary, Alternative, or Holistic Procedure Codes HO Home Infusion EDI Coalition (HIEC) Product/Service Code Code Code Code List REQUIRED HI05 - 2 1271 Industry Code M AN 1/30 Code Indicating a code from a specific industry code list on: 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format on: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the proceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					
Procedure Codes HO Home Infusion EDI Coalition (HIEC) Product/Service Code Coop source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List REQUIRED HI05 - 2 1271 Industry Code Code indicating a code from a specific industry code list op. 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format op. 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24				CAH	·
Code Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List REQUIRED HI05 - 2 1271 Industry Code M AN 1/30 Code indicating a code from a specific industry code list OD: 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times on: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					
REQUIRED HI05 - 2 1271 Industry Code M AN 1/30 Code indicating a code from a specific industry code list ob: 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format ob: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCs. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times ob: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24				НО	
Code indicating a code from a specific industry code list op: 837A1_2300_HI05_C02202_ProcedureCode UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times op: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					
UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format op: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times op: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24	REQUIRED	HI05 -	2	1271	
BITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format op: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. DBETINITION					op: 837A1_2300_HI05_C02202_ProcedureCode
SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format op: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times op: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					UB-92 Reference [UB-92 Name]:
Record Type 70 Field No. 15, 17, 19, 21, 23 SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format op: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times ob: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					81 (A-E) [Other Procedure Codes and Dates]
SITUATIONAL HI05 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format ob: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times ob: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					EMC v.6.0 Reference:
Code indicating the date format, time format, or date and time format ob: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times ob: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					Record Type 70 Field No. 15, 17, 19, 21, 23
Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. CODE DEFINITION	SITUATIONAL	HI05 -	3	1250	
preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required. DEFINITION					op: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier
D8 Date Expressed in Format CCYYMMDD 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times oD: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used,
SITUATIONAL HI05 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times od: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24				c	CODE DEFINITION
Expression of a date, a time, or range of dates, times or dates and times ob: 837A1_2300_HI05_C02204_ProcedureDate UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24				D8	Date Expressed in Format CCYYMMDD
UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24	SITUATIONAL	HI05 -	105 - 4	1251	
81 (A-E) [Other Procedure Codes and Dates] EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					ор: 837A1_2300_HI05_C02204_ProcedureDate
EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					UB-92 Reference [UB-92 Name]:
Record Type 70 Field No. 16, 18, 20, 22, 24					81 (A-E) [Other Procedure Codes and Dates]
NAT HOTE					EMC v.6.0 Reference:
NOT USED HI05 - 5 782 Monetary Amount O R 1/18					Record Type 70 Field No. 16, 18, 20, 22, 24
	NOT USED	HI05 -	5	782	Monetary Amount O R 1/18

NOT USED	HI05 - 6		380	Quantity O R 1/15
NOT USED	HI05 - 7		799	Version Identifier O AN 1/30
NOT USED	HI05 - 8		1271	Industry Code X AN 1/30
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	'A1_2300_HI06_C022
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI06 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				op: 837A1_2300_HI06_C02201_CodeListQualifierCode
			С	CODE DEFINITION
			ВО	Health Care Financing Administration Common Procedural Coding System
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
			CAH	Complimentary, Alternative, or Holistic Procedure Codes
				code source 843: Complimentary, Alternative, or Holistic Procedure Codes
			НО	Home Infusion EDI Coalition (HIEC) Product/Service Code
				CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
REQUIRED	HI06 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				op: 837A1_2300_HI06_C02202_ProcedureCode
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI06 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				ор: 837A1_2300_HI06_C02203_DateTimePeriodFormatQualifier
				Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

			c	ODE	DEFINITION				
			D8		Date Expressed in Format CCYYI	MMDD			
SITUATIONAL	HI06 - 4		1251		ime Period ion of a date, a time, or range of dates, ti	X mes or	AN dates a	1/35 nd times	
				od: 837	A1_2300_HI06_C02204_ProcedureDate				
				UB-92	Reference [UB-92 Name]:				
				81 (A-E) [Other Procedure Codes and					
				EMC v	.6.0 Reference:				
				Record	d Type 70 Field No. 16, 18, 20, 22, 2	4			
NOT USED	HI06 - 5		782	Moneta	ary Amount	0	R	1/18	
NOT USED	HI06 - 6		380	Quanti	ty	0	R	1/15	
NOT USED	HI06 - 7		799	Versio	n Identifier	0	AN	1/30	
NOT USED	HI06 - 8		1271	Industi	ry Code	X	AN	1/30	
NOT USED	HI06 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1	
SITUATIONAL	HI07	C022		HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amount					
			od: 837	A1_2300_					
			Used to		cessary to report multiple additior	al co	existin	g	
REQUIRED	HI07 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3	
				od: 837	A1_2300_HI07_C02201_CodeListQualifi	erCode)		
			С	ODE	DEFINITION				
			ВО		Health Care Financing Administra Procedural Coding System	ation (Commo	on	
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admi	nistratio	า	
			BQ		International Classification of Dis Modification (ICD-9-CM) Procedu		Clinic	al	
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation o	f Diseas	es	
			CAH		Complimentary, Alternative, or Ho Codes	olistic	Proce	dure	
					code source 843: Complimentary, Altern Procedure Codes	native,	or Holist	ic	
			НО		Home Infusion EDI Coalition (HIE Code	C) Pro	oduct/S	Service	
					code source 513: Home Infusion EDI Co Product/Service Code List	alition	(HIEC)		
REQUIRED	HI07 - 2		1271		ry Code dicating a code from a specific industry co	M ode list	AN	1/30	
				ор: 837A1_2300_HI07_C02202_ProcedureCode					
				UB-92 Reference [UB-92 Name]:					
					Reference [UB-92 Name]: E) [Other Procedure Codes and Da	tes]			

					EMC v.	.6.0 Reference:			
					Record	Type 70 Field No. 15, 17, 19, 21, 2	23		
SITUATIONAL	HI07	- 3		1250		ime Period Format Qualifier dicating the date format, time format, or d	X late and	ID I time fo	2/3 ormat
					OD: 837	A1_2300_HI07_C02203_DateTimePerio	dForma	tQualifi	er
					preced proced	ed if the procedure code reported ling data element. Used if needed t lure date when the code reported i nediately following element is req	to repo	ort a	
				C	ODE	DEFINITION			
				D8		Date Expressed in Format CCYYI	MMDD		
SITUATIONAL	HI07	- 4		1251		ime Period ion of a date, a time, or range of dates, ti	X mes or	AN dates a	1/35 and times
					OD: 837	A1_2300_HI07_C02204_ProcedureDate			
					UB-92	Reference [UB-92 Name]:			
					81 (A-E	E) [Other Procedure Codes and Da	tes]		
					EMC v.	.6.0 Reference:			
					Record	l Type 70 Field No. 16, 18, 20, 22, 2	24		
NOT USED	HI07	- 5		782	Moneta	ary Amount	Ο	R	1/18
NOT USED	HI07	- 6		380	Quanti	ty	0	R	1/15
NOT USED	HI07	- 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI07	- 8		1271	Industr	ry Code	X	AN	1/30
NOT USED	HI07	- 9		1073	Yes/No	Condition or Response Code	X	ID	1/1
SITUATIONAL	HI08		C022			E CODE INFORMATION are codes and their associated dates, am	O 1 ounts a	nd qua	ntities
				OD: 837	A1_2300_	_HI08_C022			
				Used v		cessary to report multiple additior	nal co-	existir	ng
REQUIRED	HI08 -	- 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
					OD: 837	A1_2300_Hl08_C02201_CodeListQualifi	erCode		
				C	ODE	DEFINITION			
				ВО		Health Care Financing Administra Procedural Coding System	ation C	Comm	on
						CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admir	nistratio	n
				BQ		International Classification of Dis Modification (ICD-9-CM) Procedu		Clinic	cal
						CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure			
				CAH		Complimentary, Alternative, or Ho	olistic	Proce	edure

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				CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
			НО	Home Infusion EDI Coalition (HIEC) Product/Service Code
				CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
REQUIRED	HI08 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				ор: 837A1_2300_HI08_C02202_ProcedureCode
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI08 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				OD: 837A1_2300_HI08_C02203_DateTimePeriodFormatQualifier
				Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.
			С	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI08 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time
				ор: 837A1_2300_HI08_C02204_ProcedureDate
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI08 - 5		782	Monetary Amount O R 1/18
NOT USED	HI08 - 6		380	Quantity O R 1/15
NOT USED	HI08 - 7		799	Version Identifier O AN 1/30
NOT USED	HI08 - 8		1271	Industry Code X AN 1/30
NOT USED	HI08 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	A1_2300_HI09_C022
			Used v	when necessary to report multiple additional co-existing tions.

REQUIRED	HI09 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			op: 837A1_2300_HI09_C02201_CodeListQualifierCode
			CODE DEFINITION
		ВО	Health Care Financing Administration Common Procedural Coding System
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
			CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
		CAH	Complimentary, Alternative, or Holistic Procedure Codes
			CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
		НО	Home Infusion EDI Coalition (HIEC) Product/Service Code
			CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
REQUIRED HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list	
		op: 837A1_2300_HI09_C02202_ProcedureCode	
		UB-92 Reference [UB-92 Name]:	
			81 (A-E) [Other Procedure Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI09 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			op: 837A1_2300_HI09_C02203_DateTimePeriodFormatQualifier
			Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.
			CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI09 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			op: 837A1_2300_HI09_C02204_ProcedureDate
			UB-92 Reference [UB-92 Name]:
			81 (A-E) [Other Procedure Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI09 - 5	782	Monetary Amount O R 1/18

INFLEMENTATION	OIDE			OTHER PROCEDURE INFORMATION
NOT USED	HI09 - 6		380	Quantity O R 1/15
NOT USED	HI09 - 7		799	Version Identifier O AN 1/30
NOT USED	HI09 - 8		1271	Industry Code X AN 1/30
NOT USED	HI09 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			od: 837	A1_2300_HI10_C022
			Used condition	when necessary to report multiple additional co-existing tions.
REQUIRED	HI10 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				ор: 837A1_2300_HI10_C02201_CodeListQualifierCode
			С	CODE DEFINITION
			во	Health Care Financing Administration Common Procedural Coding System
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
			CAH	Complimentary, Alternative, or Holistic Procedure Codes
				CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
			НО	Home Infusion EDI Coalition (HIEC) Product/Service Code
				CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
REQUIRED	HI10 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				op: 837A1_2300_HI10_C02202_ProcedureCode
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI10 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				od: 837A1_2300_HI10_C02203_DateTimePeriodFormatQualifier
			Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.	

			С	ODE	DEFINITION				
			D8		Date Expressed in Format CCYY	/MDD			
SITUATIONAL	HI10 - 4		1251		ime Period sion of a date, a time, or range of dates, ti	X mes or	AN dates a	1/35 nd times	
				od: 837	A1_2300_HI10_C02204_ProcedureDate				
				UB-92	Reference [UB-92 Name]:				
				81 (A-E	E) [Other Procedure Codes and Da	tes]			
				EMC v	.6.0 Reference:				
				Record	d Type 70 Field No. 16, 18, 20, 22, 2	4			
NOT USED	HI10 - 5		782	Moneta	ary Amount	0	R	1/18	
NOT USED	HI10 - 6		380	Quanti	ity	0	R	1/15	
NOT USED	HI10 - 7		799	Versio	n Identifier	0	AN	1/30	
NOT USED	HI10 - 8		1271	Indust	ry Code	X	AN	1/30	
NOT USED	HI10 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1	
SITUATIONAL	HI11	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts					
			od: 837	A1_2300_	_HI11_C022				
			Used v		cessary to report multiple addition	al co-	existin	g	
REQUIRED	HI11 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3	
				od: 837	'A1_2300_HI11_C02201_CodeListQualifi	erCode			
			C	ODE	DEFINITION				
			во		Health Care Financing Administra Procedural Coding System	ation (Commo	on	
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admii	nistration	า	
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure					
					Code source 131: International Classification (ICD-9-CM) Procedure	ation of	Diseas	es	
			CAH		Complimentary, Alternative, or Ho	olistic	Proce	dure	
					code source 843: Complimentary, Alterr Procedure Codes				
			НО		Home Infusion EDI Coalition (HIE Code	C) Pro	duct/S	Service	
					code source 513: Home Infusion EDI Co Product/Service Code List	alition	(HIEC)		
REQUIRED	HI11 - 2		1271		ry Code dicating a code from a specific industry co	M ode list	AN	1/30	
				od: 837	A1_2300_HI11_C02202_ProcedureCode				
					Reference [UB-92 Name]:				
				81 (A-E	E) [Other Procedure Codes and Da	tes]			

				EMC v.6.0 Reference:			
				Record Type 70 Field No. 15, 17, 19, 21,	23		
SITUATIONAL	HI11 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or	X date and	ID d time fo	2/3 ormat
				op: 837A1_2300_HI11_C02203_DateTimePerio	dForma	ıtQualifie	er
				Required if the procedure code reported	is ICD	-9-CM	in the
				preceding data element. Used if needed procedure date when the code reported the immediately following element is rec	is HCF		used,
			C	DDE DEFINITION			
			D8	Date Expressed in Format CCYY	MMDD		
SITUATIONAL	HI11 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, t	X imes or	AN dates a	1/35 nd times
				ор: 837A1_2300_HI11_C02204_ProcedureDate	•		
				UB-92 Reference [UB-92 Name]:			
				81 (A-E) [Other Procedure Codes and Da	ites]		
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 16, 18, 20, 22,	24		
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION health care codes and their associated dates, an	01	and augr	atition
				·	iourits a	iriu quai	illies
				A1_2300_HI12_C022 when necessary to report multiple additio	nal co-	ovietin	· C
			condit		ilai co-	CAISIIII	9
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				ор: 837A1_2300_HI12_C02201_CodeListQualif	ierCode		
			C	DDE DEFINITION			
			во	Health Care Financing Administr	ation (Commo	on
				CODE SOURCE 130: Health Care Financir Common Procedural Coding System	g Admii	nistration	1
			BQ	International Classification of Di- Modification (ICD-9-CM) Procedu		Clinic	al
				Code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
			CAH	Complimentary, Alternative, or H Codes	olistic	Proce	dure

OTHERTROOLDON	- IIII OKWATION				IVIAIIO	IN COIDE		
			CODE SOURCE 843: Complimentary, Alterna Procedure Codes	Complimentary, Alternative, or Holistic				
		НО	Home Infusion EDI Coalition (HIEC Code) Pro	oduct/S	ervice		
			code source 513: Home Infusion EDI Coa Product/Service Code List	lition	(HIEC)			
REQUIRED	HI12 - 2	1271	Industry Code Code indicating a code from a specific industry cod	M e list	AN	1/30		
			op : 837A1_2300_HI12_C02202_ProcedureCode					
			UB-92 Reference [UB-92 Name]:					
			81 (A-E) [Other Procedure Codes and Date	s]				
			EMC v.6.0 Reference:					
			Record Type 70 Field No. 15, 17, 19, 21, 23					
SITUATIONAL HI12 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date	X e and	ID d time fo	2/3 rmat		
			OD: 837A1_2300_HI12_C02203_DateTimePeriodF	orma	ıtQualifie	er		
			Required if the procedure code reported is preceding data element. Used if needed to procedure date when the code reported is the immediately following element is requi	repo	ort a			
		c	ODE DEFINITION					
		D8	Date Expressed in Format CCYYMI	MDD				
SITUATIONAL	HI12 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or	AN dates ar	1/35 and times		
			o D: 837A1_2300_HI12_C02204_ProcedureDate					
			UB-92 Reference [UB-92 Name]:					
			81 (A-E) [Other Procedure Codes and Date	s]				
			EMC v.6.0 Reference:					
			Record Type 70 Field No. 16, 18, 20, 22, 24					
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18		
NOT USED			Quantity	0	_			
	HI12 - 6	380	Quantity	U	R	1/15		
NOT USED	HI12 - 6 HI12 - 7	380 799	Version Identifier	0	AN	1/15 1/30		
NOT USED NOT USED			•					

IMPLEMENTATION

OCCURRENCE SPAN INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1_2300_HI

Notes: 1. Required when occurrence span information applies to the claim or

encounter.

Example: HI*BI:70:RD8:19981202-19981212~

STANDARD

HI Health Care Information Codes

Level: Detail **Position:** 2310

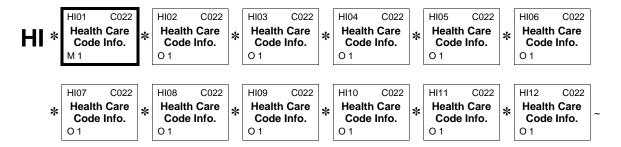
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	ITES				
REQUIRED	HI01	C022		TH CARE d health ca	M 1 ounts a	nd quai	ntities					
			od: 837A1_2300_HI01_C022									
REQUIRED	HI01 - 1		1270	Code L	M	ID	1/3					
				OD: 837	A1_2300_HI01_C02201_CodeListQualifie	erCode						
			C	ODE	DEFINITION							
			ВІ		Occurrence Span							
					CODE SOURCE 132: National Uniform Billin Codes	g Com	mittee (NUBC)				

REQUIRED	HI01 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				od: 837A1_2300_HI01_C02202_
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31
REQUIRED	HI01 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				op: 837A1_2300_HI01_C02203_DateTimePeriodFormatQualifier
			с	CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI01 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time
				op: 837A1_2300_HI01_C02204_OccurrenceorOccurrenceSpanCodeAsso edDate
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Space Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI01 - 5		782	Monetary Amount O R 1/18
NOT USED	HI01 - 6		380	Quantity O R 1/15
NOT USED	HI01 - 7		799	Version Identifier O AN 1/30
NOT USED	HI01 - 8		1271	Industry Code X AN 1/30
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	A1_2300_HI02_C022
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI02 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				op: 837A1_2300_HI02_C02201_CodeListQualifierCode
			^	code definition
				-
			BI	Occurrence Span code source 132: National Uniform Billing Committee (NUBC)
				Codes

REQUIRED	HI02 - 2		1271	Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
				od: 837A1_2300_HI02_C02202_			
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Dates]		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31			
REQUIRED	HI02 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date	X e and	ID I time fo	2/3 ormat
				op: 837A1_2300_HI02_C02203_DateTimePeriodF	orma	tQualifi	er
			C	ODE DEFINITION			
			RD8	Range of Dates Expressed in Form CCYYMMDD	at Co	CYYM	MDD-
REQUIRED	HI02 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or	AN dates a	1/35 nd times
				ob: 837A1_2300_HI02_C02204_OccurrenceorOccurrencedDate	nceS _l	panCod	deAssociat
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [6 Code and Dates]	Occu	ırrenc	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI02 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI03	C022	_	TH CARE CODE INFORMATION If health care codes and their associated dates, amou	O 1 nts a	nd qua	ntities
			OD: 837	A1_2300_HI03_C022			
			Used v	when necessary to report multiple additional ions.	CO-	existir	ng
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI03_C02201_CodeListQualifier0	Code		
			С	ODE DEFINITION			
			BI	Occurrence Span			
				CODE SOURCE 132: National Uniform Billing Codes	Com	mittee (NUBC)

REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				ор: 837A1_2300_HI03_C02202_			
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Date	es]		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31, 3	2, 33		
REQUIRED	HI03 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or d	X ate an	ID d time fo	2/3 ormat
				op: 837A1_2300_HI03_C02203_DateTimePeriod	dForma	atQualifi	er
				CODE DEFINITION			
			RD8	Range of Dates Expressed in Fore	mat C	CYYM	MDD-
REQUIRED	HI03 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, tir	X nes or	AN dates a	1/35 ind times
				od: 837A1_2300_HI03_C02204_OccurrenceorOccurredDate	renceS	SpanCoo	leAssociat
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields Code and Dates]	[Occ	urrenc	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code	Χ	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022	_	TH CARE CODE INFORMATION d health care codes and their associated dates, amo	O 1 ounts a	and qua	ntities
			od: 837	'A1_2300_HI04_C022			
			Used condi	when necessary to report multiple addition tions.	al co	existir-	ng
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				op: 837A1_2300_HI04_C02201_CodeListQualifie	erCode)	
			c	CODE DEFINITION			
			ВІ	Occurrence Span			
			D 1	code source 132: National Uniform Billin	g Con	mittee (NUBC)
				Codes	J	\	- /

-				
REQUIRED	HI04 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				od: 837A1_2300_HI04_C02202_
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI04 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				ob: 837A1_2300_HI04_C02203_DateTimePeriodFormatQualifier
				CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI04 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time
				od: 837A1_2300_HI04_C02204_OccurrenceorOccurrenceSpanCodeAssoredDate
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Spar Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI04 - 5		782	Monetary Amount O R 1/18
NOT USED	HI04 - 6		380	Quantity O R 1/15
NOT USED	HI04 - 7		799	Version Identifier O AN 1/30
NOT USED	HI04 - 8		1271	Industry Code X AN 1/30
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	7A1_2300_HI05_C022
			Used condi	when necessary to report multiple additional co-existing tions.
REQUIRED	HI05 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				op: 837A1_2300_HI05_C02201_CodeListQualifierCode
			c	CODE DEFINITION
			ВІ	Occurrence Span
				CODE SOURCE 132: National Uniform Billing Committee (NUBC)
				Codes

REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
				od: 837A1_2300_HI05_C02202_			
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Dates]	l		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31, 32,	33		
REQUIRED	HI05 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date	X e and	ID time fo	2/3 ormat
				op: 837A1_2300_HI05_C02203_DateTimePeriodFo	orma	tQualifi	er
			C	DE DEFINITION			
			RD8	Range of Dates Expressed in Forma CCYYMMDD	at C	CYYM	MDD-
REQUIRED	HI05 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X s or	AN dates a	1/35 and times
				op: 837A1_2300_HI05_C02204_OccurrenceorOccurrencedDate	nceS	panCod	deAssociat
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [Code and Dates]	Occi	irrenc	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI05 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI05 - 6		380	Quantity	0	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI05 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI06	C022	_	TH CARE CODE INFORMATION health care codes and their associated dates, amount) 1 nts a	nd qua	ntities
			od: 837/	A1_2300_HI06_C022			
			Used v	when necessary to report multiple additional ons.	CO-	existir	ng
REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				op: 837A1_2300_HI06_C02201_CodeListQualifierC	Code		
			Co	DDE DEFINITION			
			ВІ	Occurrence Span			
				CODE SOURCE 132: National Uniform Billing (Codes	Com	mittee ((NUBC)

REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				ор: 837A1_2300_HI06_C02202_			
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Date	es]		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31, 3	2, 33		
REQUIRED	HI06 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or d	X ate an	ID d time fo	2/3 ormat
				op: 837A1_2300_HI06_C02203_DateTimePeriod	dForma	atQualifi	er
				DEFINITION DEFINITION			
			RD8	Range of Dates Expressed in Fore	mat C	CYYM	MDD-
REQUIRED	HI06 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, tire	X nes or	AN dates a	1/35 nd times
				op: 837A1_2300_HI06_C02204_OccurrenceorOccurredDate	renceS	SpanCoo	deAssociat
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields Code and Dates]	[Occ	urrenc	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantity	0	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code	Χ	AN	1/30
NOT USED	HI06 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	O 1	and qua	ntities
			od: 837	A1_2300_HI07_C022			
			Used condition	when necessary to report multiple addition tions.	al co	-existir	ng
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				ор: 837A1_2300_HI07_C02201_CodeListQualifie	erCode	e	
			c	ODE DEFINITION			
			ВІ	Occurrence Span			
				CODE SOURCE 132: National Uniform Billin	g Con	nmittee (NUBC)

REQUIRED	HI07 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				ор: 837A1_2300_HI07_C02202_
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI07 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				op: 837A1_2300_HI07_C02203_DateTimePeriodFormatQualifier
				CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI07 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				op: 837A1_2300_HI07_C02204_OccurrenceorOccurrenceSpanCodeAssoc edDate
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI07 - 5		782	Monetary Amount O R 1/18
NOT USED	HI07 - 6		380	Quantity O R 1/15
NOT USED	HI07 - 7		799	Version Identifier O AN 1/30
NOT USED	HI07 - 8		1271	Industry Code X AN 1/30
NOT USED	HI07 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	7A1_2300_HI08_C022
			Used condi	when necessary to report multiple additional co-existing tions.
REQUIRED	HI08 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				op: 837A1_2300_HI08_C02201_CodeListQualifierCode
			_	
				-
			ВІ	Occurrence Span code source 132: National Uniform Billing Committee (NUBC)
				Codes

REQUIRED	HI08 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				od: 837A1_2300_HI08_C02202_
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI08 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				ор: 837A1_2300_HI08_C02203_DateTimePeriodFormatQualifier
			С	DEFINITION DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI08 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				OD: 837A1_2300_HI08_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI08 - 5		782	Monetary Amount O R 1/18
NOT USED	HI08 - 6		380	Quantity O R 1/15
NOT USED	HI08 - 7		799	Version Identifier O AN 1/30
NOT USED	HI08 - 8		1271	Industry Code X AN 1/30
NOT USED	HI08 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI09	C022	_	TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	'A1_2300_HI09_C022
			Used to	when necessary to report multiple additional co-existing tions.
REQUIRED	HI09 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				ор: 837A1_2300_HI09_C02201_CodeListQualifierCode
			С	CODE DEFINITION
			ВІ	Occurrence Span
				code source 132: National Uniform Billing Committee (NUBC)
				Codes

REQUIRED	HI09 - 2	2	1271	Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
				od: 837A1_2300_HI09_C02202_			
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Dates]		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31, 32,	33		
REQUIRED	HI09 - 3	3	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date	X e and	ID time fo	2/3 ormat
				op: 837A1_2300_HI09_C02203_DateTimePeriodFo	orma	tQualifi	er
			CC	DE DEFINITION			
			RD8	Range of Dates Expressed in Forma CCYYMMDD	at C	CYYM	MDD-
REQUIRED	HI09 - 4	ı.	1251	Date Time Period Expression of a date, a time, or range of dates, time	X s or	AN dates a	1/35 nd times
				OD: 837A1_2300_HI09_C02204_OccurrenceorOccurrencedDate	nceSį	oanCod	leAssociat
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [Code and Dates]	Occu	irrenc	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI09 - 5	5	782	Monetary Amount	0	R	1/18
NOT USED	HI09 - 6	;	380	Quantity	0	R	1/15
NOT USED	HI09 - 7	•	799	Version Identifier	0	AN	1/30
NOT USED	HI09 - 8	3	1271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9)	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10	C022		H CARE CODE INFORMATION health care codes and their associated dates, amou) 1 nts a	nd quai	ntities
			od: 837/	.1_2300_HI10_C022			
			Used v	then necessary to report multiple additional ons.	CO-	existin	g
REQUIRED	HI10 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				op: 837A1_2300_HI10_C02201_CodeListQualifierC	Code		
			co	DE DEFINITION			
			BI	Occurrence Span			
				code source 132: National Uniform Billing Codes	Com	mittee (NUBC)

REQUIRED	HI10 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				ор: 837A1_2300_HI10_C02202_
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI10 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				op: 837A1_2300_HI10_C02203_DateTimePeriodFormatQualifier
			c	CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI10 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				op: 837A1_2300_HI10_C02204_OccurrenceorOccurrenceSpanCodeAssocia edDate
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI10 - 5		782	Monetary Amount O R 1/18
NOT USED	HI10 - 6		380	Quantity O R 1/15
NOT USED	HI10 - 7		799	Version Identifier O AN 1/30
NOT USED	HI10 - 8		1271	Industry Code X AN 1/30
NOT USED	HI10 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	7A1_2300_HI11_C022
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI11 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				op: 837A1_2300_HI11_C02201_CodeListQualifierCode
			С	CODE DEFINITION
			BI	Occurrence Span
			ы	CODE SOURCE 132: National Uniform Billing Committee (NUBC)
				Codes

REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry code	VI list	AN	1/30
				ор: 837A1_2300_HI11_C02202_			
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31, 32,	33		
REQUIRED	HI11 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date	X and	ID I time fo	2/3 ormat
				OD: 837A1_2300_HI11_C02203_DateTimePeriodFo	rma	tQualifi	ier
			C	DDE DEFINITION			
			RD8	Range of Dates Expressed in Forma CCYYMMDD	t C	CYYM	MDD-
REQUIRED	HI11 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, times	X s or	AN dates a	1/35 and times
				op: 837A1_2300_HI11_C02204_OccurrenceorOccurren edDate	ceS	panCo	deAssociat
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [O Code and Dates]	CCI	ırrenc	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI11 - 5		782	Monetary Amount	2	R	1/18
NOT USED	HI11 - 6		380	Quantity	2	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	2	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amount	1 ts a	nd qua	ntities
			od: 837	A1_2300_HI12_C022			
			Used v	when necessary to report multiple additional ions.	CO-	existii	ng
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	VI	ID	1/3
				op: 837A1_2300_HI12_C02201_CodeListQualifierC	ode		
			C	DDE DEFINITION			
			ВІ	Occurrence Span			
				CODE SOURCE 132: National Uniform Billing C Codes	om	mittee	(NUBC)

REQUIRED	HI12 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			ор: 837A1_2300_HI12_C02202_
			UB-92 Reference [UB-92 Name]:
			36 (a-b) [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI12 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			op: 837A1_2300_HI12_C02203_DateTimePeriodFormatQualifier
			CODE DEFINITION
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI12 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			op: 837A1_2300_HI12_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate
			UB-92 Reference [UB-92 Name]:
			36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI12 - 5	782	Monetary Amount O R 1/18
NOT USED	HI12 - 6	380	Quantity O R 1/15
NOT USED	HI12 - 7	799	Version Identifier O AN 1/30
NOT USED	HI12 - 8	1271	Industry Code X AN 1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code X ID 1/1

IMPLEMENTATION

OCCURRENCE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1_2300_HI

Notes: 1. Required when occurrence information applies to the claim or

encounter.

Example: HI*BH:42:D8:19981208~

STANDARD

HI Health Care Information Codes

Level: Detail **Position:** 2310

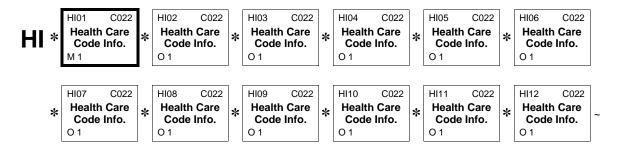
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	TES		
REQUIRED	HI01	C022		TH CARI	M 1 Junts and quantities					
			OD: 837	OD: 837A1_2300_HI01_C022						
REQUIRED	HI01 - 1		1270	1270 Code List Qualifier Code Code identifying a specific industry code list				1/3		
				od: 837	A1_2300_HI01_C02201_CodeListQualifie	rCode				
			C	ODE	DEFINITION			1/3		
			ВН		Occurrence					
					CODE SOURCE 132: National Uniform Billing Codes	g Com	mittee (NUBC)		

REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry code	M le list	AN	1/30		
				ор: 837A1_2300_HI01_C02202_OccurrenceCode					
				UB-92 Reference [UB-92 Name]:					
				32 (a-b) [Occurrence Codes and Dates]					
				33 (a-b) [Occurrence Codes and Dates]					
				34 (a-b) [Occurrence Codes and Dates]					
				35 (a-b) [Occurrence Codes and Dates]					
				EMC v.6.0 Reference:					
				Record Type 40 Field No. 8, 10, 12, 14, 16,	18, 2	20, 22,	24, 26		
REQUIRED	HI01 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or da	X te and	ID I time fo	2/3 rmat		
				OD: 837A1_2300_HI01_C02203_DateTimePeriodF	orma	tQualifie	er		
			C	ODE DEFINITION					
			D8	Date Expressed in Format CCYYM	MDD				
REQUIRED	HI01 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or	AN dates a	1/35 nd times		
				op: 837A1_2300_HI01_C02204_OccurrenceorOccurre edDate	enceS	panCod	eAssocia		
				UB-92 Reference [UB-92 Name]:					
				32 (a-b), "DATE" field [Occurrence Codes and Dates]					
				33 (a-b), "DATE" field [Occurrence Codes and Dates]					
				34 (a-b), "DATE" field [Occurrence Codes and Dates]					
				35 (a-b), "DATE" field [Occurrence Codes	and	Dates			
				EMC v.6.0 Reference:					
				Record Type 40 Field No. 9, 11, 13, 15, 17,	19, 2	21, 23,	25, 27		
NOT USED	HI01 - 5		782	Monetary Amount	0	R	1/18		
NOT USED	HI01 - 6		380	Quantity	0	R	1/15		
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30		
NOT USED	HI01 - 8		1271	Industry Code	X	AN	1/30		
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1		
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amounts	O 1 unts a	nd quar	ntities		
			od: 837	A1_2300_HI02_C022					
			Used v	when necessary to report multiple additiona	l co-	existin	g		

REQUIRED	HI02 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			op: 837A1_2300_HI02_C02201_CodeListQualifie	erCode	•	
			ODE DEFINITION			
		ВН	Occurrence			
			CODE SOURCE 132: National Uniform Billin Codes	g Com	mittee	(NUBC)
REQUIRED	HI02 - 2	1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
			ор: 837A1_2300_HI02_C02202_OccurrenceCod	е		
			UB-92 Reference [UB-92 Name]:			
			32 (a-b) [Occurrence Codes and Dates]			
			33 (a-b) [Occurrence Codes and Dates]			
			34 (a-b) [Occurrence Codes and Dates]			
			35 (a-b) [Occurrence Codes and Dates]			
			EMC v.6.0 Reference:			
			Record Type 40 Field No. 8, 10, 12, 14, 16	5, 18, 2	20, 22,	24, 26
REQUIRED	HI02 - 3	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or de	X ate and	ID d time fo	2/3 ormat
			op: 837A1_2300_HI02_C02203_DateTimePeriod	lForma	ıtQualifi	er
		c	ODE DEFINITION			
		D8	Date Expressed in Format CCYYM	MDD		
REQUIRED	HI02 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, tir	X nes or	AN dates a	1/35 and times
			ob: 837A1_2300_HI02_C02204_OccurrenceorOccurredDate	renceS	panCo	deAssociat
			UB-92 Reference [UB-92 Name]:			
			32 (a-b), "DATE" field [Occurrence Codes		_	
			33 (a-b), "DATE" field [Occurrence Codes		_	
			34 (a-b), "DATE" field [Occurrence Codes		_	•
			35 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
			EMC v.6.0 Reference:			
			Record Type 40 Field No. 9, 11, 13, 15, 17	7 , 19, 2	21, 23,	25, 27
NOT USED	HI02 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6	380	Quantity	0	R	1/15
NOT USED	HI02 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI02 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amou	O 1 ints a	nd quar	ntities
			od: 837	A1_2300_HI03_C022			
			Used v	when necessary to report multiple additiona ions.	l co-	existin	ıg
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI03_C02201_CodeListQualifier	Code		
			С	ODE DEFINITION			
			ВН	Occurrence			
				CODE SOURCE 132: National Uniform Billing Codes	Com	mittee (NUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry cod	M e list	AN	1/30
				ор: 837A1_2300_HI03_C02202_OccurrenceCode			
				UB-92 Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				33 (a-b) [Occurrence Codes and Dates]			
				34 (a-b) [Occurrence Codes and Dates]			
				35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 8, 10, 12, 14, 16,	18, 2	20, 22,	24, 26
REQUIRED	HI03 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date	X e and	ID I time fo	2/3 ormat
				ор: 837A1_2300_HI03_C02203_DateTimePeriodF	orma	tQualifie	er
			c	ODE DEFINITION			
			D8	Date Expressed in Format CCYYMI	MDD		
REQUIRED	HI03 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or	AN dates a	1/35 nd times
				ob: 837A1_2300_HI03_C02204_OccurrenceorOccurre edDate	nceS _l	panCod	leAssociat
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Codes a	and I	Dates]	
				33 (a-b), "DATE" field [Occurrence Codes a		_	
				34 (a-b), "DATE" field [Occurrence Codes a			
				35 (a-b), "DATE" field [Occurrence Codes a	and I	Dates]	
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 9, 11, 13, 15, 17,	19, 2	21, 23,	25, 27
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
			-				-

NOT USED	HI03 - 8		1271	Industry Code	X	AN	1/30				
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1				
SITUATIONAL	HI04	C022		HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantities							
			od: 837	A1_2300_HI04_C022							
			Used condi	when necessary to report multiple addit ions.	ional co	-existir	ng				
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3				
				ор: 837A1_2300_HI04_C02201_CodeListQua	alifierCode	e					
			c	ODE DEFINITION							
			ВН	Occurrence							
				CODE SOURCE 132: National Uniform E Codes	Billing Con	nmittee	(NUBC)				
REQUIRED HI04 - 2		1271	Industry Code Code indicating a code from a specific industry	M y code list	AN	1/30					
				ор: 837A1_2300_HI04_C02202_Occurrence	Code						
				UB-92 Reference [UB-92 Name]:							
				32 (a-b) [Occurrence Codes and Dates]						
			33 (a-b) [Occurrence Codes and Dates]							
			34 (a-b) [Occurrence Codes and Dates]							
		35 (a-b) [Occurrence Codes and Dates]								
		EMC v.6.0 Reference:									
				Record Type 40 Field No. 8, 10, 12, 14	, 16, 18,	20, 22,	24, 26				
REQUIRED	HI04 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or	X or date an	ID d time fo	2/3 ormat				
				op: 837A1_2300_HI04_C02203_DateTimePe	riodForma	atQualifi	er				
			c	ODE DEFINITION							
			D8	Date Expressed in Format CCN	YMMDD)					
REQUIRED	HI04 - 4		1251	Date Time Period Expression of a date, a time, or range of dates ob: 837A1_2300_HI04_C02204_OccurrenceorOc	X s, times or	AN dates a					
				edDate							
				UB-92 Reference [UB-92 Name]:		_					
				32 (a-b), "DATE" field [Occurrence Co		_					
				33 (a-b), "DATE" field [Occurrence Co		_					
				34 (a-b), "DATE" field [Occurrence Co		_					
				35 (a-b), "DATE" field [Occurrence Co	des and	Dates]					
			EMC v.6.0 Reference:								
		Record Type 40 Field No. 9, 11, 13, 15	, 17, 19,	21, 23,	25, 27						
NOT USED	HI04 - 5		782	Monetary Amount	0	R	1/18				

IMPLEMENTATION C	JUIDE			OCCU	RRENC	E INFO	RMATION
NOT USED	HI04 - 6		380	Quantity	0	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI04 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, ar	O 1	and qua	ntities
			od: 837	A1_2300_HI05_C022			
			Used condi	when necessary to report multiple additio tions.	nal co	-existir	ng
REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI05_C02201_CodeListQuali	fierCode)	
			C	ODE DEFINITION			
			ВН	Occurrence			
				code source 132: National Uniform Bill Codes	ing Com	mittee ((NUBC)
REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				ор: 837A1_2300_HI05_C02202_OccurrenceCo	de		
				UB-92 Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				33 (a-b) [Occurrence Codes and Dates]			
				34 (a-b) [Occurrence Codes and Dates]35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 1	I 6 1 8	20 22	24 26
REQUIRED							
REQUIRED	HI05 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or	X date an	ID d time fo	2/3 ormat
				ор: 837A1_2300_HI05_C02203_DateTimePerio	odForma	atQualifi	er
				DEFINITION DEFINITION	1414D		
DEGUIDED			D8	Date Expressed in Format CCYY			
REQUIRED	HI05 - 4		1251	Date Time Period Expression of a date, a time, or range of dates,	X times or	AN dates a	1/35 and times
				OD: 837A1_2300_HI05_C02204_OccurrenceorOccuedDate	ırrenceS	SpanCod	deAssociat
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Code		_	•
				33 (a-b), "DATE" field [Occurrence Code		_	
				34 (a-b), "DATE" field [Occurrence Code 35 (a-b), "DATE" field [Occurrence Code		_	
				oo (a-b), DATE Held [Occurrence Code	,s and	-aic3]	

				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI05 - 5		782	Monetary Amount O R 1/18
NOT USED	HI05 - 6		380	Quantity O R 1/15
NOT USED	HI05 - 7		799	Version Identifier O AN 1/30
NOT USED	HI05 - 8		1271	Industry Code X AN 1/30
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities
			od: 837	A1_2300_HI06_C022
			Used condit	when necessary to report multiple additional co-existing tions.
REQUIRED	HI06 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				ор: 837A1_2300_HI06_C02201_CodeListQualifierCode
			c	ODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI06 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				OD: 837A1_2300_HI06_C02202_OccurrenceCode
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI06 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	od: 837A1_2300_HI06_C02203_DateTimePeriodFormatQualifier
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	HI06 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				ob: 837A1_2300_HI06_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]

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IMPLEMENTATION	OIDE			OCCURRENCE INFORMATI
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI06 - 5		782	Monetary Amount O R 1/18
NOT USED	HI06 - 6		380	Quantity O R 1/15
NOT USED	HI06 - 7		799	Version Identifier O AN 1/30
NOT USED	HI06 - 8		1271	Industry Code X AN 1/30
NOT USED	HI06 - 9		1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI07	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			OD: 837	'A1_2300_HI07_C022
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI07 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				ор: 837A1_2300_HI07_C02201_CodeListQualifierCode
			С	CODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI07 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				op: 837A1_2300_HI07_C02202_OccurrenceCode
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI07 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				op: 837A1_2300_HI07_C02203_DateTimePeriodFormatQualifier
			C	DEFINITION DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI07 - 4		1251	Date Time Period	X	AN	1/35
				Expression of a date, a time, or range of dates, ti OD: 837A1_2300_HI07_C02204_OccurrenceorOccur			
				edDate	1011000	pariocc	107 10000141
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Code		_	
				33 (a-b), "DATE" field [Occurrence Code		_	
				34 (a-b), "DATE" field [Occurrence Code: 35 (a-b), "DATE" field [Occurrence Code:		_	
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 9, 11, 13, 15, 1	7, 19,	21, 23,	25, 27
NOT USED	HI07 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI07 - 6		380	Quantity	0	R	1/15
NOT USED	HI07 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI07 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI07 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O 1 ounts a	and quai	ntities
			od: 837	A1_2300_HI08_C022			
			Used condit	when necessary to report multiple addition	nal co-	existin	ıg
REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI08_C02201_CodeListQualifi	erCode)	
			С	ODE DEFINITION			
			вн	Occurrence			
				CODE SOURCE 132: National Uniform Billin Codes	ng Com	ımittee (NUBC)
REQUIRED	HI08 - 2		1271	Industry Code Code indicating a code from a specific industry or	M ode list	AN	1/30
				ор: 837A1_2300_HI08_C02202_OccurrenceCod	de		
				UB-92 Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				33 (a-b) [Occurrence Codes and Dates]			
				34 (a-b) [Occurrence Codes and Dates]			
				35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 8, 10, 12, 14, 1	6, 18,	20, 22,	24, 26

REQUIRED	HI08 - 3	1250		ime Period Format Qualifier dicating the date format, time format, or	Х	ID	2/3
				A1_2300_HI08_C02203_DateTimePerio			
		C	ODE OOF	DEFINITION	our onne	it Qualiii	O1
		D8		Date Expressed in Format CCYY	MMDD)	
REQUIRED	HI08 - 4	1251		ime Period ion of a date, a time, or range of dates,	X times or	AN dates a	1/35 nd times
			od: 837A1_2 edDate	2300_HI08_C02204_OccurrenceorOccu	ırrenceS	panCod	deAssocia
			UB-92	Reference [UB-92 Name]:			
			32 (a-b), "DATE" field [Occurrence Code	es and	Dates]	
			33 (a-b), "DATE" field [Occurrence Code	s and	Dates]	
			34 (a-b), "DATE" field [Occurrence Code	s and	Dates]	
			35 (a-b), "DATE" field [Occurrence Code	es and	Dates]	
			EMC v	.6.0 Reference:			
			Record	d Type 40 Field No. 9, 11, 13, 15, 1	17, 19,	21, 23,	25, 27
NOT USED	HI08 - 5	782	Moneta	ary Amount	0	R	1/18
NOT USED	HI08 - 6	380	Quanti	ty	0	R	1/15
NOT USED	HI08 - 7	799	Versio	n Identifier	0	AN	1/30
NOT USED	HI08 - 8	1271	Industi	ry Code	X	AN	1/30
NOT USED	HI08 - 9	1073	Yes/No	Condition or Response Code	X	ID	1/1
SITUATIONAL	HI09		_	E CODE INFORMATION are codes and their associated dates, ar	O 1	and qua	ntities
		OD: 837/	A1_2300_	_HI09_C022			
		Used v	when ne	cessary to report multiple additio	nal co-	existir	ng
		condit	ions.				
REQUIRED	HI09 - 1	1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			OD: 837	A1_2300_HI09_C02201_CodeListQuali	fierCode)	
		C	ODE	DEFINITION			
		вн		Occurrence			
				CODE SOURCE 132: National Uniform Bill Codes	ing Com	mittee (NUBC)
REQUIRED	HI09 - 2	1271		ry Code dicating a code from a specific industry o	M code list	AN	1/30
			od: 837	A1_2300_HI09_C02202_OccurrenceCo	de		
			UB-92	Reference [UB-92 Name]:			
) [Occurrence Codes and Dates]			
			-) [Occurrence Codes and Dates]			
			-) [Occurrence Codes and Dates]			
			-) [Occurrence Codes and Dates]			

				EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16	. 18. :	20. 22.	24. 26
REQUIRED	HI09 - 3	1	250	Date Time Period Format Qualifier Code indicating the date format, time format, or da	X	ID	2/3
			co	op: 837A1_2300_HI09_C02203_DateTimePeriod			
		D	08	Date Expressed in Format CCYYN	IMDD		
REQUIRED	HI09 - 4	1	251	Date Time Period Expression of a date, a time, or range of dates, tin	X nes or	AN dates a	1/35 nd times
				op: 837A1_2300_HI09_C02204_OccurrenceorOccurredDate	enceS	panCod	leAssociat
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				33 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				34 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				35 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 9, 11, 13, 15, 17	, 19, :	21, 23,	25, 27
NOT USED	HI09 - 5	7	' 82	Monetary Amount	0	R	1/18
NOT USED	HI09 - 6	3	80	Quantity	0	R	1/15
NOT USED	HI09 - 7	7	99	Version Identifier	0	AN	1/30
NOT USED	HI09 - 8	1	271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9	1	073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10			TH CARE CODE INFORMATION health care codes and their associated dates, amo	O 1 ounts a	ınd quai	ntities
		0	D: 837	A1_2300_HI10_C022			
			Jsed v onditi	when necessary to report multiple addition ions.	al co-	existin	ıg
REQUIRED	HI10 - 1	1	270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI10_C02201_CodeListQualifie	rCode	:	
		_	cc	DE DEFINITION			
		В	ЗН	Occurrence			
				code source 132: National Uniform Billing Codes	g Com	mittee (NUBC)
REQUIRED	HI10 - 2	1	271	Industry Code Code indicating a code from a specific industry co	M de list	AN	1/30
				op: 837A1_2300_HI10_C02202_OccurrenceCode	Э		
				UB-92 Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				33 (a-b) [Occurrence Codes and Dates]			

IMPLEMENTATION						E INFO	
				34 (a-b) [Occurrence Codes and Dates]			
				35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 8, 10, 12, 14, 16	5, 18,	20, 22,	24, 26
REQUIRED	HI10 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or d	X ate an	ID d time fo	2/3 ormat
				ор: 837A1_2300_HI10_C02203_DateTimePeriod	dForma	atQualifi	er
			С	ODE DEFINITION			
			D8	Date Expressed in Format CCYYM	/MDD		
REQUIRED	HI10 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X mes or	AN dates a	1/35 ind times
				op: 837A1_2300_HI10_C02204_OccurrenceorOccur edDate	renceS	SpanCoo	deAssociat
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Codes	s and	Dates]	
				33 (a-b), "DATE" field [Occurrence Codes	s and	Dates]	
				34 (a-b), "DATE" field [Occurrence Codes		_	
				35 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				EMC v.6.0 Reference:			
NOT USED	HI10 - 5		782	EMC v.6.0 Reference:			
NOT USED	HI10 - 5 HI10 - 6		782 380	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17	7, 19,	21, 23,	25, 27
			-	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount	7, 19, O	21, 23, R	25, 27 1/18
NOT USED NOT USED	HI10 - 6		380	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity	7, 19, O O	21, 23, R R	25, 27 1/18 1/15
NOT USED NOT USED NOT USED NOT USED	HI10 - 6 HI10 - 7		380 799	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier	7, 19, O O	21, 23, R R R AN	25, 27 1/18 1/15 1/30
NOT USED NOT USED	HI10 - 6 HI10 - 7 HI10 - 8	C022	380 799 1271 1073 HEAL	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier Industry Code	7, 19, O O O X X	21, 23, R R AN AN ID	25, 27 1/18 1/15 1/30 1/30 1/1
NOT USED NOT USED NOT USED NOT USED	HI10 - 6 HI10 - 7 HI10 - 8 HI10 - 9	C022	380 799 1271 1073 HEAL To send	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION	7, 19, O O O X X	21, 23, R R AN AN ID	25, 27 1/18 1/15 1/30 1/30 1/1
NOT USED NOT USED NOT USED NOT USED	HI10 - 6 HI10 - 7 HI10 - 8 HI10 - 9	C022	380 799 1271 1073 HEAL ^T To send	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION d health care codes and their associated dates, amount A1_2300_HI11_C022 when necessary to report multiple addition	7, 19, O O X X O 1 ounts a	21, 23, R R AN AN ID	25, 27 1/18 1/15 1/30 1/30 1/1
NOT USED NOT USED NOT USED NOT USED	HI10 - 6 HI10 - 7 HI10 - 8 HI10 - 9	C022	380 799 1271 1073 HEAL ⁻ To send ob: 837 Used to	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION d health care codes and their associated dates, amount A1_2300_HI11_C022 when necessary to report multiple addition	7, 19, O O X X O 1 ounts a	21, 23, R R AN AN ID	25, 27 1/18 1/15 1/30 1/30 1/1
NOT USED NOT USED NOT USED NOT USED SITUATIONAL	HI10 - 6 HI10 - 7 HI10 - 8 HI10 - 9 HI11	C022	380 799 1271 1073 HEAL To send ob: 837 Used to	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION d health care codes and their associated dates, amount A1_2300_HI11_C022 when necessary to report multiple additionations. Code List Qualifier Code	7, 19, O O X X O 1 ounts a	21, 23, R R AN AN ID and quar	25, 27 1/18 1/15 1/30 1/30 1/1 ntities
NOT USED NOT USED NOT USED NOT USED SITUATIONAL	HI10 - 6 HI10 - 7 HI10 - 8 HI10 - 9 HI11	C022	380 799 1271 1073 HEAL ^T To send od: 837 Used to condite	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION d health care codes and their associated dates, amount and an expension of the code identifying a specific industry code list	7, 19, O O X X O 1 ounts a	21, 23, R R AN AN ID and quar	25, 27 1/18 1/15 1/30 1/30 1/1 ntities
NOT USED NOT USED NOT USED NOT USED SITUATIONAL	HI10 - 6 HI10 - 7 HI10 - 8 HI10 - 9 HI11	C022	380 799 1271 1073 HEAL ^T To send od: 837 Used to condite	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17 Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION d health care codes and their associated dates, amount A1_2300_HI11_C022 when necessary to report multiple additionations. Code List Qualifier Code Code identifying a specific industry code list od: 837A1_2300_HI11_C02201_CodeListQualifier	7, 19, O O X X O 1 ounts a	21, 23, R R AN AN ID and quar	25, 27 1/18 1/15 1/30 1/30 1/1 ntities

REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry code	M de list	AN	1/30
				ор: 837A1_2300_HI11_C02202_OccurrenceCode	!		
				UB-92 Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				33 (a-b) [Occurrence Codes and Dates]			
				34 (a-b) [Occurrence Codes and Dates]			
				35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 8, 10, 12, 14, 16	18, 2	20, 22,	24, 26
REQUIRED	HI11 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or da	X te and	ID d time fo	2/3 ermat
				ор: 837A1_2300_HI11_C02203_DateTimePeriodl	orma	ıtQualifi	er
			c	ODE DEFINITION			
			D8	Date Expressed in Format CCYYM	MDD		
REQUIRED	HI11 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or	AN dates a	1/35 nd times
				op: 837A1_2300_HI11_C02204_OccurrenceorOccurre edDate	enceS	panCod	eAssociat
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				33 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				34 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				35 (a-b), "DATE" field [Occurrence Codes	and	Dates]	
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 9, 11, 13, 15, 17	19, 2	21, 23,	25, 27
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amo	O 1 unts a	ınd quar	ntities
			od: 837	A1_2300_HI12_C022			
			Used v	when necessary to report multiple additionations.	ıl co-	existin	g

REQUIRED	HI12 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list
			op: 837A1_2300_HI12_C02201_CodeListQualifierCode
		c	CODE DEFINITION
		ВН	Occurrence
			CODE SOURCE 132: National Uniform Billing Committee (NUB Codes
REQUIRED	HI12 - 2	1271	Industry Code M AN 1/2 Code indicating a code from a specific industry code list
			op: 837A1_2300_HI12_C02202_OccurrenceCode
			UB-92 Reference [UB-92 Name]:
			32 (a-b) [Occurrence Codes and Dates]
			33 (a-b) [Occurrence Codes and Dates]
			34 (a-b) [Occurrence Codes and Dates]
			35 (a-b) [Occurrence Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24,
REQUIRED	HI12 - 3	1250	Date Time Period Format Qualifier X ID 2. Code indicating the date format, time format, or date and time format
			op: 837A1_2300_HI12_C02203_DateTimePeriodFormatQualifier
			CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
REQUIRED	HI12 - 4	1251	Date Time Period X AN 1/2 Expression of a date, a time, or range of dates, times or dates and time
			op: 837A1_2300_HI12_C02204_OccurrenceorOccurrenceSpanCodeAssedDate
			UB-92 Reference [UB-92 Name]:
			32 (a-b), "DATE" field [Occurrence Codes and Dates]
			33 (a-b), "DATE" field [Occurrence Codes and Dates]
			34 (a-b), "DATE" field [Occurrence Codes and Dates]
			35 (a-b), "DATE" field [Occurrence Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25,
NOT USED	HI12 - 5	782	Monetary Amount O R 1/
NOT USED	HI12 - 6	380	Quantity O R 1/
NOT USED	HI12 - 7	799	Version Identifier O AN 1/2
NOT USED	HI12 - 8	1271	Industry Code X AN 1/3
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code X ID 1/

IMPLEMENTATION

VALUE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1_2300_HI

Notes: 1. Required when value information applies to the claim or encounter.

 Value Code 54 is required on claims for newborn delivery services to report newborn birthweight when authorized by state or federal law or regulations. This replaces the function of PAT07 and PAT08 in Loop ID 2010BA & 2000C.

Example: HI*BE:08:::1740~

STANDARD

HI Health Care Information Codes

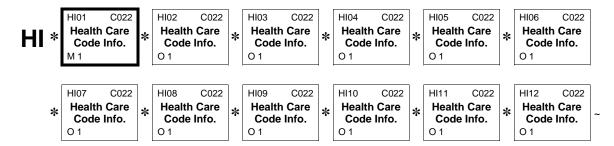
Level: Detail
Position: 2310
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

C022

REQUIRED HI01

HEALTH CARE CODE INFORMATION

M 1

To send health care codes and their associated dates, amounts and quantities

od: 837A1_2300_HI01_C022

REQUIRED	HI01 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI01_C02201_CodeListQualit	fierCode	:	
				CODE DEFINITION			
			BE	Value			
				code source 132: National Uniform Bill Codes	ing Com	mittee	(NUBC)
REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				ор: 837A1_2300_HI01_C02202_ValueCode			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 3		-	, 24, 2
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period	X	AN	1/35
REQUIRED	HI01 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				ор: 837A1_2300_HI01_C02205_ValueCodeAss	sociated	Amount	:
				This data element must contain the Valu when HIxx-1 value equals BE (Value Cod		e Amo	unt
NOT USED	HI01 - 6		380	Quantity	0	R	1/15
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, ar	O 1	ınd qua	ntities
			od: 837	'A1_2300_HI02_C022			
			Used condi	when necessary to report multiple additio tions.	nal co-	existir	ng
REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				ор: 837A1_2300_HI02_C02201_CodeListQualii	fierCode	:	
			_				
				DEFINITION			
			BE	Value			(A II I I S S)
			RE	Value code source 132: National Uniform Bill Codes	ing Com	mittee	(NI

REQUIRED	HI02 - 2		1271	Industry Code Code indicating a code from a specific industry code	M de list	AN	1/30
				op: 837A1_2300_HI02_C02202_ValueCode			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 20 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37,			24, 25,
NOT USED	HI02 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI02 - 4		1251	Date Time Period	X	AN	1/35
REQUIRED	HI02 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				ор: 837A1_2300_HI02_C02205_ValueCodeAssor	ciated	Amount	
				This data element must contain the Value when Hixx-1 value equals BE (Value Code		Amou	unt
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amo	O 1 unts a	nd quar	ntities
			od: 837	A1_2300_HI03_C022			
			Used v	when necessary to report multiple additionations.	al co-	existin	g
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI03_C02201_CodeListQualifie	rCode		
			C	DDE DEFINITION			
			BE	Value			
				code source 132: National Uniform Billing Codes	g Com	mittee (NUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry code	M de list	AN	1/30
				op: 837A1_2300_HI03_C02202_ValueCode			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			

				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 3		-	, 24, 25,
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
REQUIRED	HI03 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				ор: 837A1_2300_HI03_C02205_ValueCodeAss	sociated	Amount	
				This data element must contain the Value when Hixx-1 value equals BE (Value Cod		e Amo	unt
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, an	O 1 nounts a	nd qua	ntities
			od: 837	A1_2300_HI04_C022			
			Used v	when necessary to report multiple additio ions.	nal co-	existir	ng
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI04_C02201_CodeListQualit	fierCode		
			C	DDE DEFINITION			
			BE	Value			
				CODE SOURCE 132: National Uniform Bill Codes	ing Com	mittee ((NUBC)
REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				ор: 837A1_2300_HI04_C02202_ValueCode			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 3		-	, 24, 25,
NOT USED	HI04 - 3		1250	**		-	, 24, 25, 2/3

HI04 - 5		782	Monetary Amount Monetary amount	0	R	1/18
			ор: 837A1_2300_HI04_C02205_ValueCodeAss	ociated	Amount	
					e Amo	unt
HI04 - 6		380	Quantity	0	R	1/15
HI04 - 7		799	Version Identifier	0	AN	1/30
HI04 - 8		1271	Industry Code	X	AN	1/30
HI04 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
HI05	C022			O 1 ounts a	and qua	ntities
		OD: 837	A1_2300_HI05_C022			
			· · · · · · · · · · · · · · · · · · ·	nal co-	existir	ıg
HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			on: 837A1_2300_HI05_C02201_CodeListQualifi	erCode	:	
		C	DDE DEFINITION			
		BE	Value			
			CODE SOURCE 132: National Uniform Billin Codes	ng Com	mittee (NUBC)
HI05 - 2		1271	Industry Code Code indicating a code from a specific industry code	M ode list	AN	1/30
			OD : 837A1_2300_HI05_C02202_ValueCode			
			UB-92 Reference [UB-92 Name]:			
			. , , -			
			· · · -			
			-			
			Record Type 41 Field No. 16, 17, 18, 19, 2			
				M 21	22 23	24 25
			26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37		•	, 24, 25,
HI05 - 3		1250			•	, 24, 25, 2/3
HI05 - 3		1250 1251	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37	, 38, 3	9	
			26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier	7, 38, 3 X	ID	2/3
HI05 - 4		1251	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier Date Time Period Monetary Amount	7, 38, 3 X X O	ID AN R	2/3 1/35 1/18
HI05 - 4		1251	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount	X X X O	ID AN R	2/3 1/35 1/18
HI05 - 4		1251 782	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount op: 837A1_2300_Hl05_C02205_ValueCodeAss This data element must contain the Value when Hlxx-1 value equals BE (Value Code)	X X X O	ID AN R	2/3 1/35 1/18
HI05 - 4 HI05 - 5		1251 782 380	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount op: 837A1_2300_Hl05_C02205_ValueCodeAss This data element must contain the Value	X X O ociated. e Code e).	ID AN R Amount	2/3 1/35 1/18 unt
HI05 - 4 HI05 - 5		1251 782	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount ob: 837A1_2300_Hl05_C02205_ValueCodeAss This data element must contain the Value when Hlxx-1 value equals BE (Value Code) Quantity	X X O ociated e Code e).	ID AN R Amount e Amo	2/3 1/35 1/18 unt
	HI04 - 7 HI04 - 8 HI04 - 9 HI05	HI04 - 7 HI04 - 8 HI04 - 9 HI05 C022	HI04 - 7 799 HI04 - 8 1271 HI04 - 9 1073 HI05 C022 HEALT To send on: 8377 Used v condit HI05 - 1 1270	This data element must contain the Value when HIxx-1 value equals BE (Value Code HI04 - 6 380 Quantity HI04 - 7 799 Version Identifier HI04 - 8 1271 Industry Code HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am ob: 837A1_2300_HI05_C022 Used when necessary to report multiple addition conditions. HI05 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list ob: 837A1_2300_HI05_C02201_CodeListQualifie CODE DEFINITION BE Value CODE SOURCE 132: National Uniform Billing Codes Code indicating a code from a specific industry	This data element must contain the Value Code when HIxx-1 value equals BE (Value Code). HI04 - 6 380 Quantity O HI04 - 7 799 Version Identifier O HI04 - 8 1271 Industry Code X HI05 C022 HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts a ob: 837A1_2300_HI05_C022 Used when necessary to report multiple additional coconditions. HI05 - 1 1270 Code List Qualifier Code M Code identifying a specific industry code list ob: 837A1_2300_HI05_C02201_CodeListQualifierCode CODE DEFINITION BE Value Code source 132: National Uniform Billing Com Codes HI05 - 2 1271 Industry Code M Code indicating a code from a specific industry code list ob: 837A1_2300_HI05_C02202_ValueCode UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts] EMC v.6.0 Reference:	This data element must contain the Value Code Amorwhen HIxx-1 value equals BE (Value Code). HI04 - 6 380 Quantity O R HI04 - 7 799 Version Identifier O AN HI04 - 8 1271 Industry Code X AN HI04 - 9 1073 Yes/No Condition or Response Code X ID HI05 C022 HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantob: 837A1_2300_HI05_C022 Used when necessary to report multiple additional co-existing conditions. HI05 - 1 1270 Code List Qualifier Code M ID Code identifying a specific industry code list ob: 837A1_2300_HI05_C02201_CodeListQualifierCode CODE DEFINITION BE Value Code source 132: National Uniform Billing Committee (Code) Code identifying a code from a specific industry code list ob: 837A1_2300_HI05_C02202_ValueCode UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts]

SITUATIONAL	HI06	C022			CODE INFORMATION codes and their associated dates, am	O 1 nounts a	ınd quai	ntities
			od: 837	A1_2300_HI	06_C022			
			Used to		ssary to report multiple addition	nal co-	existin	ıg
REQUIRED	HI06 - 1		1270		t Qualifier Code tifying a specific industry code list	M	ID	1/3
				od: 837A1	_2300_HI06_C02201_CodeListQualifi	erCode	:	
			С	ODE DE	EFINITION			
			BE	v	'alue			
				Co	ope source 132: National Uniform Billinodes	ng Com	mittee (NUBC)
REQUIRED	HI06 - 2		1271	Industry Code indic	Code ating a code from a specific industry c	M ode list	AN	1/30
				od: 837A1	_2300_HI06_C02202_ValueCode			
				UB-92 Re	eference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.	0 Reference:			
					ype 41 Field No. 16, 17, 18, 19, 2 3, 29, 30, 31, 32, 33, 34, 35, 35, 37			, 24, 25
NOT USED	HI06 - 3		1250	Date Time	e Period Format Qualifier	Х	ID	2/3
NOT USED	HI06 - 4		1251	Date Time	e Period	Х	AN	1/35
REQUIRED	HI06 - 5		782	Monetary Monetary a	/ Amount amount	0	R	1/18
				od: 837A1	_2300_HI06_C02205_ValueCodeAss	ociated	Amount	
					a element must contain the Valu xx-1 value equals BE (Value Cod		e Amo	unt
NOT USED	HI06 - 6		380	Quantity		0	R	1/15
NOT USED	HI06 - 7		799	Version I		0	AN	1/30
NOT USED	HI06 - 8		1271	Industry		X	AN	1/30
NOT USED	HI06 - 9		1073	•	Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022	HEAL	TH CARE C	CODE INFORMATION codes and their associated dates, am	01		
			od: 837	A1_2300_HI	07_C022			
				when nece	ssary to report multiple addition	nal co-	existin	ıg

REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code li	M st	ID	1/3
				on: 837A1_2300_HI07_C02201_CodeLis	tQualifierCode)	
			C	DDE DEFINITION			
			BE	Value			
				code source 132: National Unifor Codes	m Billing Con	nmittee	(NUBC)
REQUIRED	HI07 - 2		1271	Industry Code Code indicating a code from a specific ind	M ustry code list	AN	1/30
				ор: 837A1_2300_HI07_C02202_ValueCo	de		
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts	s]		
				40 (a-d) [Value Codes and Amounts	s]		
				41 (a-d) [Value Codes and Amounts	s]		
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18 26, 27, 28, 29, 30, 31, 32, 33, 34, 35,		•	3, 24, 25
NOT USED	HI07 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI07 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED HI07 - 4 REQUIRED HI07 - 5		782	Monetary Amount Monetary amount	0	R	1/18	
				ор: 837A1_2300_HI07_C02205_ValueCo	deAssociated	Amoun	t
				This data element must contain the when Hixx-1 value equals BE (Valu		e Amo	unt
NOT USED	HI07 - 6		380	Quantity	0	R	1/15
NOT USED	HI07 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI07 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI07 - 9		1073	Yes/No Condition or Response Cod	de X	ID	1/1
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION health care codes and their associated dar	O 1 es, amounts	and qua	ıntities
			od: 837	A1_2300_HI08_C022			
			Used condition	when necessary to report multiple actions.	lditional co	-existi	ng
REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code li	M	ID	1/3
				on: 837A1_2300_HI08_C02201_CodeLis	tQualifierCode)	
				DDE			
			BE	Value			
				CODE SOURCE 132: National Unifo	m Billing Con	mittee	(NUBC)

Codes

REQUIRED	HI08 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				op: 837A1_2300_HI08_C02202_ValueCode			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 2 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37			, 24, 25,
NOT USED	HI08 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI08 - 4		1251	Date Time Period	X	AN	1/35
REQUIRED	HI08 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				ор: 837A1_2300_HI08_C02205_ValueCodeAsse	ociated	Amount	
				This data element must contain the Value when HIxx-1 value equals BE (Value Cod		e Amo	unt
NOT USED	HI08 - 6		380	Quantity	0	R	1/15
NOT USED	HI08 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI08 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI08 - 9		1073	Yes/No Condition or Response Code	х	ID	1/1
SITUATIONAL	HI09	C022	HEAL	TH CARE CODE INFORMATION d health care codes and their associated dates, am	01		
			od: 837	A1_2300_HI09_C022			
			Used condit	when necessary to report multiple addition ions.	nal co-	existir	ng
REQUIRED	HI09 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI09_C02201_CodeListQualifi	erCode		
			с	ODE DEFINITION			
			BE	Value			
				CODE SOURCE 132: National Uniform Billin Codes	ng Com	mittee ((NUBC)
REQUIRED	HI09 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				op: 837A1_2300_HI09_C02202_ValueCode			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				(,			

				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18 26, 27, 28, 29, 30, 31, 32, 33, 34, 35,			, 24, 25,
NOT USED	HI09 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI09 - 4		1251	Date Time Period	Х	AN	1/35
REQUIRED	HI09 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				ор: 837A1_2300_HI09_C02205_ValueCo	deAssociated	Amount	t
				This data element must contain the when Hlxx-1 value equals BE (Value		e Amo	unt
NOT USED	HI09 - 6		380	Quantity	0	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI09 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI09 - 9		1073	Yes/No Condition or Response Cod	e X	ID	1/1
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION health care codes and their associated date	O 1 es, amounts	and qua	ntities
			od: 837	A1_2300_HI10_C022			
			Used v	when necessary to report multiple addons.	ditional co	-existir	ng
REQUIRED	HI10 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M st	ID	1/3
				ор: 837A1_2300_HI10_C02201_CodeList	QualifierCode	e	
			с	DE DEFINITION			
			BE	Value			
				code source 132: National Unifor Codes	m Billing Con	nmittee	(NUBC)
REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific indu	M stry code list	AN	1/30
				ор: 837A1_2300_HI10_C02202_ValueCo	de		
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]		
				40 (a-d) [Value Codes and Amounts	_		
				41 (a-d) [Value Codes and Amounts]		
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18	19, 20, 21,	22 23	24 25
				26, 27, 28, 29, 30, 31, 32, 33, 34, 35,			, 24, 23,
NOT USED	HI10 - 3		1250				2/3

REQUIRED	HI10 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				ор: 837A1_2300_HI10_C02205_ValueCodeAss	sociated	Amount	
				This data element must contain the Valu when Hlxx-1 value equals BE (Value Coo		e Amo	unt
NOT USED	HI10 - 6		380	Quantity	0	R	1/15
NOT USED	HI10 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI10 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI10 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, an	O 1 nounts a	ınd quai	ntities
			od: 837	A1_2300_HI11_C022			
			Used v	when necessary to report multiple additio ions.	nal co-	existir	g
REQUIRED	HI11 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				OD: 837A1_2300_HI11_C02201_CodeListQualif	fierCode	:	
			C	ODE DEFINITION			
			BE	Value			
				CODE SOURCE 132: National Uniform Billi Codes	ing Com	mittee (NUBC)
REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				ор: 837A1_2300_HI11_C02202_ValueCode			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts]			
				. , , -			
				EMC v.6.0 Reference:	20 21	22 23	24 25
				. , , -			24, 25
NOT USED	HI11 - 3		1250	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19,			, 24, 25 2/3
NOT USED	HI11 - 3		1250 1251	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 3	7, 38, 3	9	·
				EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 35 Date Time Period Format Qualifier	7, 38, 3 X	9 ID	2/3
NOT USED	HI11 - 4		1251	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 3 Date Time Period Format Qualifier Date Time Period Monetary Amount	7, 38, 3 X X O	ID AN R	2/3 1/35 1/18
NOT USED	HI11 - 4		1251	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 3 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount	7, 38, 3 X X O sociated	ID AN R	2/3 1/35 1/18
NOT USED	HI11 - 4		1251	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount od: 837A1_2300_HI11_C02205_ValueCodeAss This data element must contain the Value	7, 38, 3 X X O sociated	ID AN R	2/3 1/35 1/18
NOT USED REQUIRED	HI11 - 4 HI11 - 5		1251 782	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount od: 837A1_2300_HI11_C02205_ValueCodeAss This data element must contain the Value when Hixx-1 value equals BE (Value Code)	7, 38, 3 X X O sociated ie Code	ID AN R Amount	2/3 1/35 1/18 unt
NOT USED REQUIRED NOT USED	HI11 - 4 HI11 - 5		1251 782 380	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 3 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount od: 837A1_2300_HI11_C02205_ValueCodeAss This data element must contain the Value when Hlxx-1 value equals BE (Value Code Quantity	X X X O sociated te Code de).	ID AN R Amount e Amo	2/3 1/35 1/18 unt

VALUE IN ORMATIC	/14			IIII EEIIERTATION GOID.							
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION O 1 nd health care codes and their associated dates, amounts and quantities							
			od: 837	7A1_2300_HI12_C022							
				Used when necessary to report multiple additional co-existing conditions.							
REQUIRED	HI12 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list							
				ор: 837A1_2300_HI12_C02201_CodeListQualifierCode							
			C	CODE DEFINITION							
			BE	Value							
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes							
REQUIRED HI12 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list								
				ор: 837A1_2300_HI12_C02202_ValueCode							
				UB-92 Reference [UB-92 Name]:							
				39 (a-d) [Value Codes and Amounts]							
				40 (a-d) [Value Codes and Amounts]							
				41 (a-d) [Value Codes and Amounts]							
				EMC v.6.0 Reference:							
				Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39							
NOT USED	HI12 - 3		1250	Date Time Period Format Qualifier X ID 2/3							
NOT USED	HI12 - 4		1251	Date Time Period X AN 1/35							
REQUIRED	HI12 - 5		782	Monetary Amount O R 1/18 Monetary amount							
				ор: 837A1_2300_HI12_C02205_ValueCodeAssociatedAmount							
				This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).							
NOT USED	HI12 - 6		380	Quantity O R 1/15							
NOT USED	HI12 - 7		799	Version Identifier O AN 1/30							
NOT USED	HI12 - 8		1271	Industry Code X AN 1/30							
NOT USED	HI12 - 9		1073	Yes/No Condition or Response Code X ID 1/1							
	_			•							

CONDITION INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1_2300_HI

Notes: 1. Required when condition information applies to the claim or

encounter.

Example: HI*BG:67~

STANDARD

HI Health Care Information Codes

Level: Detail **Position:** 2310

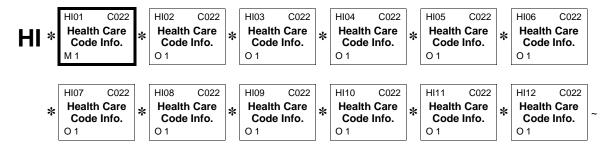
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	TES
REQUIRED	HI01	C022		_	E CODE INFORMATION are codes and their associated dates, am	M 1 nounts a	ınd qua	ntities
			OD: 837	'A1_2300_	_HI01_C022			
REQUIRED	HI01 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				od: 837	A1_2300_HI01_C02201_CodeListQualifi	erCode		
			c	ODE	DEFINITION			
			BG		Condition			
					CODE SOURCE 641: Condition Code List	ng Com	mittee (NUBC)

REQUIRED	HI01 - 2		1271	Industry Code M Code indicating a code from a specific industry code list	AN	1/30
				, ,		
				op: 837A1_2300_HI01_C02202_ConditionCode		
				UB-92 Reference [UB-92 Name]: 24 [Condition Codes]		
				25 [Condition Codes]		
				26 [Condition Codes]		
				27 [Condition Codes]		
				28 [Condition Codes]		
				29 [Condition Codes]		
				30 [Condition Codes]		
				EMC v.6.0 Reference:		
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11,	12, 13	
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier X	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period X	AN	1/35
NOT USED	HI01 - 5		782	Monetary Amount O	R	1/18
NOT USED	HI01 - 6		380	Quantity O	R	1/15
NOT USED	HI01 - 7		799	Version Identifier O	AN	1/30
NOT USED	HI01 - 8		1271	Industry Code X	AN	1/30
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code X	ID	1/1
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION O 1 health care codes and their associated dates, amounts a	nd quan	tities
			od: 837	A1_2300_HI02_C022		
			Used v	when necessary to report multiple additional co- ions.	existin	g
REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	ID	1/3
				op: 837A1_2300_HI02_C02201_CodeListQualifierCode		
			С	DDE DEFINITION		
			BG	Condition		
				CODE SOURCE 132: National Uniform Billing Com Codes CODE SOURCE 641: Condition Code List	mittee (f	NUBC)
REQUIRED	HI02 - 2		1271	Industry Code M Code indicating a code from a specific industry code list	AN	1/30
				ор: 837A1_2300_HI02_C02202_ConditionCode		
				UB-92 Reference [UB-92 Name]:		
				24 [Condition Codes]		
				25 [Condition Codes]		
				26 [Condition Codes]		
				27 [Condition Codes]		
				28 [Condition Codes]		

INFLEMENTATION G	IOIDE			CO	וטוווטו	N IINFOR	YIVIA I I C
				29 [Condition Codes] 30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9,	10, 11,	12, 13	
NOT USED	HI02 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI02 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI02 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, an	O 1 nounts a	nd quar	ntities
			od: 837	A1_2300_HI03_C022			
			Used v	when necessary to report multiple additio ions.	nal co-	existin	g
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				ор: 837A1_2300_HI03_C02201_CodeListQualif	fierCode		
			C	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Billi Codes CODE SOURCE 641: Condition Code List	ng Com	mittee (I	NUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				ор: 837A1_2300_HI03_C02202_ConditionCode	;		
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes] 27 [Condition Codes]			
				27 [Condition Codes] 28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9,	10, 11,	12, 13	
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 6		380	Quantity	O	R	1/15

NOT USED	HI03 - 7		799	Version Identifier O AN	1/30
NOT USED	HI03 - 8		1271	Industry Code X AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code X ID	1/1
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION O 1 If health care codes and their associated dates, amounts and qua	ntities
			od: 837	A1_2300_HI04_C022	
			Used condi	when necessary to report multiple additional co-existing ions.	ng
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	1/3
				op: 837A1_2300_HI04_C02201_CodeListQualifierCode	
			c	DDE DEFINITION	
			BG	Condition	
				CODE SOURCE 132: National Uniform Billing Committee Codes CODE SOURCE 641: Condition Code List	(NUBC
REQUIRED	HI04 - 2		1271	Industry Code M AN Code indicating a code from a specific industry code list	1/3
				ор: 837A1_2300_HI04_C02202_ConditionCode	
				UB-92 Reference [UB-92 Name]:	
				24 [Condition Codes]	
				25 [Condition Codes]	
				26 [Condition Codes]	
				27 [Condition Codes]	
				28 [Condition Codes]	
				29 [Condition Codes]	
				30 [Condition Codes]	
				EMC v.6.0 Reference:	
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	3
NOT USED	HI04 - 3		1250	Date Time Period Format Qualifier X ID	2/3
NOT USED	HI04 - 4		1251	Date Time Period X AN	1/3
NOT USED	HI04 - 5		782	Monetary Amount O R	1/1
NOT USED	HI04 - 6		380	Quantity O R	1/1
NOT USED	HI04 - 7		799	Version Identifier O AN	1/3
NOT USED	HI04 - 8		1271	Industry Code X AN	1/3
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code X ID	1/1
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION O 1 Is health care codes and their associated dates, amounts and qua	ntities
			od: 837	A1_2300_HI05_C022	

od: 837A1_2300_HI05_C022

Used when necessary to report multiple additional co-existing conditions.

NOT USED	270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
NOT USED		OD: 837	A1_2300_HI05_C02201_CodeListQualific	erCode)	
NOT USED	C	ODE	DEFINITION			
NOT USED	G		Condition			
NOT USED			CODE SOURCE 132: National Uniform Billin Codes CODE SOURCE 641: Condition Code List	g Com	ımittee (NUBC)
NOT USED	271		ry Code dicating a code from a specific industry co	M de list	AN	1/30
NOT USED		OD: 837	A1_2300_HI05_C02202_ConditionCode			
NOT USED		UB-92	Reference [UB-92 Name]:			
NOT USED		24 [Co	ndition Codes]			
NOT USED		25 [Co	ndition Codes]			
NOT USED		_	ndition Codes]			
NOT USED		_	ndition Codes]			
NOT USED		_	ndition Codes]			
NOT USED		_	ndition Codes] ndition Codes]			
NOT USED		_	-			
NOT USED		_	.6.0 Reference:	0 11	10 10	
NOT USED			I Type 41 Field No. 4, 5, 6, 7, 8, 9, 1			
NOT USED	250	Date Ti	me Period Format Qualifier	X	ID	2/3
NOT USED	251	Date Ti	ime Period	X	AN	1/35
NOT USED	32	Moneta	ary Amount	0	R	1/18
NOT USED HI05 - 8 12 NOT USED HI05 - 9 10 SITUATIONAL HI06 C022 HE To OD: US CO REQUIRED HI06 - 1 12	30	Quanti	ty	0	R	1/15
NOT USED	99	Versio	n Identifier	0	AN	1/30
SITUATIONAL HI06 C022 HE TO OD: Us co REQUIRED HI06 - 1 12	271	Industi	ry Code	X	AN	1/30
REQUIRED HI06 - 1 12	073	Yes/No	Condition or Response Code	X	ID	1/1
REQUIRED HI06 - 1 12	send	d health ca	E CODE INFORMATION are codes and their associated dates, amo	O 1 ounts a	and qua	ntities
REQUIRED HI06 - 1 12			_HI06_C022	_		
		when ne ions.	cessary to report multiple addition	al co-	existir	ng
ВС	270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
ВС		OD: 837	A1_2300_HI06_C02201_CodeListQualifie	erCode)	
ВС	C	ODE	DEFINITION			
	G		Condition			
	_		CODE SOURCE 132: National Uniform Billin Codes CODE SOURCE 641: Condition Code List	g Com	ımittee (NUBC)
REQUIRED HI06 - 2 12	271	Industi	ry Code	М	AN	1/30

				Code indicating a code from a specific indus	try code list		
				op: 837A1_2300_HI06_C02202_ConditionC	Code		
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8	, 9, 10, 11,	12, 13	3
NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantity	0	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI06 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022		H CARE CODE INFORMATION health care codes and their associated dates	O 1 s, amounts a	nd qua	ntities
			od: 837	.1_2300_HI07_C022			
			Used v	then necessary to report multiple add ons.	itional co-	existii	ng
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				op: 837A1_2300_HI07_C02201_CodeListQ	ualifierCode		
			C	DE DEFINITION			
			BG	Condition			
				cope source 132: National Uniform Codes cope source 641: Condition Code I		mittee	(NUBC)
REQUIRED	HI07 - 2		1271	Industry Code Code indicating a code from a specific indus	M try code list	AN	1/30
				op: 837A1_2300_HI07_C02202_Condition0	Code		
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				26 [Condition Codes] 27 [Condition Codes]			
				26 [Condition Codes]			

194

				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. $4, 5, 6, 7, 8, 9,$	10, 11,	, 12, 13	
NOT USED	HI07 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI07 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI07 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI07 - 6		380	Quantity	0	R	1/15
NOT USED	HI07 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI07 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI07 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O 1 nounts a	and quar	ntities
			od: 837	A1_2300_HI08_C022			
			Used to	when necessary to report multiple addition tions.	nal co-	existin	g
REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ор: 837A1_2300_HI08_C02201_CodeListQualif	ierCode	:	
			c	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Billin Codes CODE SOURCE 641: Condition Code List	ng Com	mittee (NUBC)
REQUIRED	HI08 - 2		1271	Industry Code Code indicating a code from a specific industry c	M ode list	AN	1/30
				ор: 837A1_2300_HI08_C02202_ConditionCode			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes] 28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9,	10, 11,	, 12, 13	
NOT USED	HI08 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI08 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI08 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI08 - 6		380	Quantity	0	R	1/15
					•		

COMBITTION IN OKW	ATION			114	II CLIVIC	NIAIK	JIN GOID
NOT USED	HI08 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI08 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI08 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, ar	O 1 nounts a	nd qua	ntities
			od: 837	A1_2300_HI09_C022			
			Used condi	when necessary to report multiple additio tions.	nal co-	existir	ıg
REQUIRED	HI09 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				ор: 837A1_2300_HI09_C02201_CodeListQuali	fierCode		
			c	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Bill Codes CODE SOURCE 641: Condition Code List	ing Com	mittee (NUBC)
REQUIRED	HI09 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				ор: 837A1_2300_HI09_C02202_ConditionCode	e		
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9,	10, 11,	12, 13	i e
NOT USED	HI09 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI09 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI09 - 6		380	Quantity	0	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI09 - 8		1271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, ar	O 1 nounts a	nd qua	ntities

od: 837A1_2300_HI10_C022

					cessary to report multiple addition	al co-	-existir	ng
		C	condit	ions.				
REQUIRED	HI10 - 1	1	1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
				OD: 837/	A1_2300_HI10_C02201_CodeListQualifie	rCode)	
		<u>-</u>	C	ODE	DEFINITION			
		E	BG		Condition			
					CODE SOURCE 132: National Uniform Billing Codes CODE SOURCE 641: Condition Code List	g Com	nmittee ((NUBC)
REQUIRED	HI10 - 2	1	1271	Industr	y Code	М	AN	1/30
				Code inc	licating a code from a specific industry co	de list		
				OD: 837/	A1_2300_HI10_C02202_ConditionCode			
					Reference [UB-92 Name]:			
				_	ndition Codes]			
				-	ndition Codes] ndition Codes]			
				-	ndition Codes]			
				_	ndition Codes]			
				-	ndition Codes]			
				_	ndition Codes]			
				EMC v.	6.0 Reference:			
					Type 41 Field No. 4, 5, 6, 7, 8, 9, 1	0, 11	, 12, 13	3
NOT USED	HI10 - 3	1	1250	Date Ti	me Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4	1	1251	Date Ti	me Period	X	AN	1/35
NOT USED	HI10 - 5	7	782	Moneta	ry Amount	0	R	1/18
NOT USED	HI10 - 6	3	380	Quantit	ty	0	R	1/15
NOT USED	HI10 - 7	7	799	Version	n Identifier	0	AN	1/30
NOT USED	HI10 - 8	1	1271	Industr	y Code	X	AN	1/30
NOT USED	HI10 - 9	1	1073	Yes/No	Condition or Response Code	X	ID	1/1
SITUATIONAL	HI11			_	E CODE INFORMATION are codes and their associated dates, amo	O 1 ounts a	and qua	ntities
		c	D: 837	A1_2300_	HI11_C022			
			Used v		cessary to report multiple addition	al co-	existir	ng
REQUIRED	HI11 - 1	1	1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
				od: 837/	A1_2300_HI11_C02201_CodeListQualifie	rCode)	
		_	C	ODE	DEFINITION			
		E	BG		Condition			
					CODE SOURCE 132: National Uniform Billing	g Com	mittee ((NUBC)
					Codes code source 641: Condition Code List			

REQUIRED	HI11 - 2		1271		ry Code dicating a code from a specific industry	M code list	AN	1/30
				od: 837	A1_2300_HI11_C02202_ConditionCode	е		
				UB-92	Reference [UB-92 Name]:			
					ndition Codes]			
				25 [Co	ndition Codes]			
				26 [Co	ndition Codes]			
				27 [Co	ndition Codes]			
				_	ndition Codes]			
				_	ndition Codes]			
				30 [Co	ndition Codes]			
				EMC v	.6.0 Reference:			
				Record	d Type 41 Field No. 4, 5, 6, 7, 8, 9,	, 10, 11,	12, 13	
NOT USED	HI11 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4		1251	Date T	ime Period	X	AN	1/35
NOT USED	HI11 - 5		782	Moneta	ary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quanti	ty	0	R	1/15
NOT USED	HI11 - 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Indust	ry Code	X	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1
SITUATIONAL	HI12	C022		_	E CODE INFORMATION are codes and their associated dates, are	O 1 mounts a	nd quar	ntities
			od: 837	'A1_2300_	_HI12_C022			
			Used condi		cessary to report multiple addition	nal co-	existin	g
REQUIRED	HI12 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				od: 837	A1_2300_HI12_C02201_CodeListQuali	fierCode		
				ODE	DEFINITION			
			BG		Condition			
					CODE SOURCE 132: National Uniform Bill Codes CODE SOURCE 641: Condition Code List	ling Com	mittee (NUBC)
REQUIRED	HI12 - 2		1271		ry Code dicating a code from a specific industry	M code list	AN	1/30
				od: 837	A1_2300_HI12_C02202_ConditionCode	е		
				UB-92	Reference [UB-92 Name]:			
				24 [Co	ndition Codes]			
				25 [Co	ndition Codes]			
				26 [Co	ndition Codes]			
				07.50-				
				_	ndition Codes] ndition Codes]			

			-			
			29 [Condition Codes] 30 [Condition Codes]			
			EMC v.6.0 Reference:			
			Record Type 41 Field No. 4, 5, 6, 7, 8, 9	, 10, 11	, 12, 13	3
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	Х	ID	1/1

1073 Yes/No Condition or Response Code

CLAIM QUANTITY

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 4

Segment OD: 837A1_2300_QTY

Notes: 1. Use the Quantity segment at the claim level Loop ID-2300 to transmit

quantities that apply to the entire claim.

2. Required on Inpatient claims or encounters when covered, co-insured,

life-time reserved or non-covered days are being reported.

Example: QTY*LA*20*DA~

STANDARD

QTY Quantity

Level: Detail Position: 2400

Loop: 2300

Requirement: Optional

Max Use: 10

Purpose: To specify quantity information

Syntax: 1. R0204

At least one of QTY02 or QTY04 is required.

2. E0204

Only one of QTY02 or QTY04 may be present.

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

	QTY01	673		ity Qualifier pecifying the type of quantity	M	ID	2/2
				A1_2300_QTY01QuantityQualifier ODE DEFINITION			
			CA	Covered - Actual UB-92 Reference [UB-92 Name]: 7 [Covered Days] EMC v.6.0 Reference: Record Type 30 Field No. 20 (Se	quence	• 01-03)
			NA	Number of Non-covered Days UB-92 Reference [UB-92 Name]: 8 [Non-Covered Days] EMC v.6.0 Reference: Record Type 30 Field No. 21			
REQUIRED	QTY02	380	Quant		X	R	1/15
			od: 837	c value of quantity A1_2300_QTY02ClaimDaysCount R0204, E0204			
REQUIRED	QTY03	C001	To iden	POSITE UNIT OF MEASURE httify a composite unit of measure A1_2300_QTY03_C001	01		
REQUIRED	QTY03 -	1	355	Unit or Basis for Measurement Code Code specifying the units in which a value is bei manner in which a measurement has been take		ID essed, o	2/2
			c	OD: 837A1_2300_QTY03_C00101_UnitorBasist	forMeası	urement	Code
			c		forMeası	urement	Code
NOT USED	QTY03 -	2		ODE DEFINITION	forMeas	urement	Code
	QTY03 - QTY03 -	_	DA	Days			
NOT USED		3	DA 1018	Days Exponent	0	R	1/15
NOT USED NOT USED	QTY03 -	3	DA 1018 649	Days Exponent Multiplier	0	R R	1/15
NOT USED NOT USED NOT USED	QTY03 - QTY03 -	3 4 5	DA 1018 649 355	Days Exponent Multiplier Unit or Basis for Measurement Code	0 0	R R ID	1/15 1/10 2/2
NOT USED NOT USED NOT USED NOT USED	QTY03 - QTY03 - QTY03 -	3 4 5 6	DA 1018 649 355 1018	Days Exponent Multiplier Unit or Basis for Measurement Code Exponent	0 0 0	R R ID R	1/15 1/10 2/2 1/15 1/10
NOT USED NOT USED NOT USED NOT USED NOT USED	QTY03 - QTY03 - QTY03 - QTY03 -	3 4 5 6 7	DA 1018 649 355 1018 649	Days Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier	0 0 0 0	R R ID R	1/15 1/10 2/2 1/15 1/10 2/2
NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED	QTY03 - QTY03 - QTY03 - QTY03 -	3 4 5 6 7 8	DA 1018 649 355 1018 649 355	Days Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier Unit or Basis for Measurement Code	0 0 0 0	R R ID R R	1/15 1/10 2/2 1/15 1/10 2/2 1/15
NOT USED	QTY03 - QTY03 - QTY03 - QTY03 - QTY03 -	3 4 5 6 7 8 9	DA 1018 649 355 1018 649 355 1018	Days Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier Unit or Basis for Measurement Code Exponent	0 0 0 0 0	R R ID R ID R	1/15 1/10 2/2 1/15 1/10 2/2 1/15
NOT USED	QTY03 - QTY03 - QTY03 - QTY03 - QTY03 - QTY03 -	3 4 5 6 7 8 9	DA 1018 649 355 1018 649 355 1018 649	Days Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier	0 0 0 0 0	R R ID R ID R	1/19 1/10 2/2 1/19 1/10 2/2 1/19 1/10
NOT USED	QTY03 - QTY03 - QTY03 - QTY03 - QTY03 - QTY03 - QTY03 -	3 4 5 6 7 8 9 10	DA 1018 649 355 1018 649 355 1018 649 355	Days Exponent Multiplier Unit or Basis for Measurement Code	0 0 0 0 0 0	R R ID R ID R ID	1/1! 1/10 2/2 1/1! 1/10 2/2 1/1! 1/10 2/2
NOT USED	QTY03 -	3 4 5 6 7 8 9 10 11	DA 1018 649 355 1018 649 355 1018 649 355 1018	Days Exponent Multiplier Unit or Basis for Measurement Code Exponent	0 0 0 0 0 0 0 0 0	R R ID R ID R ID R	1/15 1/10 2/2 1/15
NOT USED	QTY03 -	3 4 5 6 7 8 9 10 11 12	DA 1018 649 355 1018 649 355 1018 649 355 1018 649	Days Exponent Multiplier Unit or Basis for Measurement Code Exponent Multiplier	0 0 0 0 0 0 0 0 0 0	R R ID R ID R R ID R R	1/1! 1/10 2/2 1/1! 1/10 2/2 1/1! 1/10
NOT USED	QTY03 -	3 4 5 6 7 8 9 10 11 12 13	DA 1018 649 355 1018 649 355 1018 649 355 1018 649 355	Days Exponent Multiplier Unit or Basis for Measurement Code	0 0 0 0 0 0 0 0 0 0	R R ID R R ID R R ID	1/1! 1/10 2/2 1/1! 1/10 2/2 1/1! 1/10 2/2

ATTENDING PHYSICIAN NAME

Loop: 2310A — ATTENDING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1 2310A

Segment OD: 837A1_2310A_NM1

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.

- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Required on all inpatient claims or encounters.
- 4. Required to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.
- 5. Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1*71*1*JONES*JOHN****XX*12345678~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

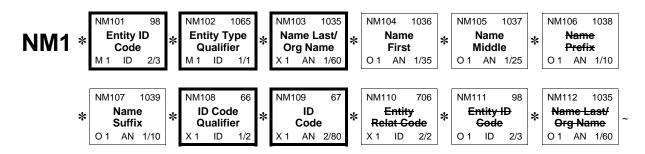
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, individual op: 837A1_2310A_NM101EntityIdentifier The entity identifier in NM101 app ID-2310. CODE DEFINITION	ierCode	,	
			71 Attending Physicia	ın		
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity OD: 837A1_2310A_NM102EntityType(SEMANTIC: NM102 qualifies NM103. CODE DEFINITION 1 Person 2 Non-Person Entity		ID	1/1
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational na od: 837A1_2310A_NM103AttendingPl syntax: C1203 UB-92 Reference [UB-92 Name]: 82, Line b [Attending Physician ID EMC v.6.0 Reference: Record Type 80 Field No. 9, Posit Type 71 Field No. 20 if you are created on the Attending Physician lice name will be ignored if not otherw	nysicianLastName Tions 91-106 (Also matering this attachment	t)	

SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/35			
			ор: 837A1_2310A_NM104AttendingPhysicianFirstNam	e					
			UB-92 Reference [UB-92 Name]:						
			82, Line b [Attending Physician ID]						
			EMC v.6.0 Reference:						
			Record Type 80 Field No. 9, Positions 107-114 (Also maps to EMC v.4.1 Record Type 71 Field Noreating this attachment)	No. 21	if you	are			
			Required if NM102=1 (person).						
			Only the Attending Physician license number is name will be ignored if not otherwise required.	neces	ssary. 1	Γhe			
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25			
			ор: 837A1_2310A_NM105AttendingPhysicianMiddleNa	ıme					
			Required if NM102=1 and the middle name/initia known.	l of th	e perso	on is			
			Only the Attending Physician license number is name will be ignored if not otherwise required.	neces	ssary. T	Γhe			
NOT USED	NM106	1038	Name Prefix	0 1	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10			
			op: 837A1_2310A_NM107AttendingPhysicianNameSut	fix					
			Required if known.						
			Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.						
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure us Code (67)	X sed for	ID Identifica	1/2 ation			
			op: 837A1_2310A_NM108IdentificationCodeQualifier						
			SYNTAX: P0809						
			EMC v.6.0 Reference:						
			Record Type 80 Field No. 4 (The National Regis assigns the UPIN to the provider for identification						
			CODE DEFINITION						
			SL State License Number						
			UP Unique Physician Identification N	Numbe	er (UPII	N)			
			Either the UPIN or the State Lice required if the National Provider	nse N	umber	are			
			XX Health Care Financing Administr	ation	Nation	al			

Provider Identifier

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			ор: 837A1_2310A_NM109AttendingPhysicianPrimaryIde	entifier		
			SYNTAX: P0809			
			UB-92 Reference [UB-92 Name]:			
			82, Line a [Attending Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 5			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

ATTENDING PHYSICIAN SECONDARY **IDENTIFICATION**

Loop: 2310A — ATTENDING PHYSICIAN NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1_2310A_REF

1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

C040

Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail Position: 2710

Loop: 2310

Requirement: Optional

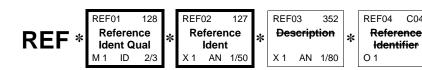
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128	Reference Ide Code qualifying t	M	ID	2/3	
			od: 837A1_2310	A_REF01ReferenceIdentificationQualifier	r		
			CODE	DEFINITION			
			0B	State License Number			
			1G	Provider UPIN Number			

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transacti by the Reference Identification Qualifier	X on Set	AN or as sp	1/50 pecified
			ор: 837A1_2310A_REF02AttendingPhysicianSecondary	dentif	ier	
			syntax: R0203			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

OPERATING PHYSICIAN NAME

Loop: 2310B — OPERATING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1 2310B

Segment OD: 837A1_2310B_NM1

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.

- 2. This segment is required when any surgical procedure code is listed on this claim.
- 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 4. Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1*72*1*MEYERS*JANE***XX*12345678~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

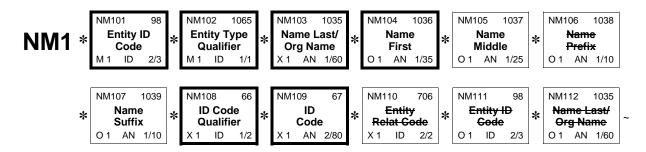
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES		
REQUIRED	NM101	98	individual op: 837A1_2310	ier Code g an organizational entity, a physical location OB_NM101EntityIdentifierCode entifier in NM101 applies to all segme					
			CODE						
			72	Operating Physician					
REQUIRED	NM102	1065	Entity Type Code qualifying	Qualifier the type of entity	M	ID	1/1		
			OD: 837A1_2310	0B_NM102EntityTypeQualifier					
			SEMANTIC: NM10	02 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
REQUIRED	NM103	1035		r Organization Name ame or organizational name	X	AN	1/60		
			OD: 837A1_2310	0B_NM103OperatingPhysicianLastName					
			SYNTAX: C1203						
			UB-92 Reference [UB-92 Name]:						
			83A, Line b [6	Other Physician ID]					
			EMC v.6.0 Re	eference:					
			Record Type	80 Field No. 10, Positions 116-131.					
				rating Physician license number is n ignored if not otherwise required.	eces	sary. T	'he		

REQUIRED	NM104	1036	Name First Individual first na	me	0	AN	1/35	
			od: 837A1_2310	B_NM104OperatingPhysicianFirstName				
			UB-92 Referer	nce [UB-92 Name]:				
			83A, Line b [O	ther Physician ID]				
			EMC v.6.0 Ref	erence:				
			Record Type 8	30 Field No. 10, Position 132-139				
				ating Physician license number is r gnored if not otherwise required.	neces	sary. ⁻	Γhe	
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25	
			od: 837A1_2310	B_NM105OperatingPhysicanMiddleNam	ne			
				nent is required when NM102 equals or Initial of the person is known by		` '		
			•	ating Physician license number is r gnored if not otherwise required.	neces	sary. ⁻	Γhe	
NOT USED	NM106	1038	Name Prefix		01	AN	1/10	
SITUATIONAL	NM107	1039	Name Suffix Suffix to individua	al name	0	AN	1/10	
			od: 837A1_2310	B_NM107OperatingPhysicanNameSuffix	<			
			Required if kn	own.				
				ating Physician license number is r gnored if not otherwise required.	neces	sary.	Γhe	
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure use	X d for l	ID dentifica	1/2 ation	
			OD: 837A1_2310B_NM108IdentificationCodeQualifier					
			SYNTAX: P0809					
			CODE	DEFINITION				
			SL	State License Number				
			UP	Unique Physician Identification Nu Either the UPIN or the State Licens required if the National Provider ID	se Nu	ımber	are	
			XX	Health Care Financing Administration Provider Identifier	tion I	Nation	al	

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			OD: 837A1_2310B_NM109OperatingPhysicianPrimaryIdsyntax: P0809	entifier		
			UB-92 Reference [UB-92 Name]:			
			83A, Line a [Other Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 6			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

OPERATING PHYSICIAN SECONDARY IDENTIFICATION

Loop: 2310B — OPERATING PHYSICIAN NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1_2310B_REF

1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

C040

Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail Position: 2710

Loop: 2310

Requirement: Optional

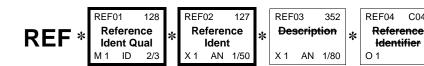
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128	Code qualifying t	ntification Qualifier he Reference Identification	M	ID	2/3
			OD: 83/A1_2310E	B_REF01ReferenceIdentificationQualifier			
			CODE	DEFINITION			
			0B	State License Number			
			1G	Provider UPIN Number			

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transacti by the Reference Identification Qualifier	X on Set	AN or as sp	1/50 pecified
			ор: 837A1_2310B_REF02OperatingPhysicianSecondary	/Identif	ier	
			syntax: R0203			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0 1		

OTHER PROVIDER NAME

Loop: 2310C — OTHER PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1_2310C

Segment OD: 837A1_2310C_NM1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a subsitute provider (locum tenans) was used, that person should be entered here. Required when the Other Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider in the 2010AA/AB loops.
- 4. Required on non-outpatient (e.g inpatient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered service for the principal procedure if other than the operating physician reported in Loop 2310B. Not required on non-outpatient claims or encounters if no principal procedure was performed.
- 5. Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1*73*1*DOE*JOHN*A***34*201749586~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

Syntax:

1. P0809

If either NM108 or NM109 is present, then the other is required.

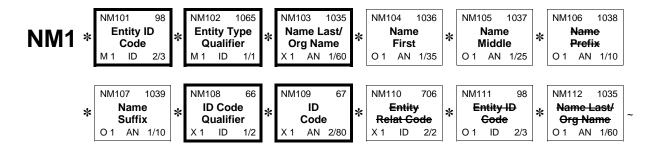
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	NM101	98	individual op: 837A1_2310	an organizational entity, a physical location C_NM101EntityIdentifierCode		·	
			The entity ide ID-2310.	ntifier in NM101 applies to all segme	ents i	n Loop	
			CODE	DEFINITION			
			73	Other Physician			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	the type of entity	M	ID	1/1
			od: 837A1_2310	C_NM102EntityTypeQualifier			
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			

REQUIRED NM103 1	1035	Name Last or Organization Name Individual last name or organizational name	X	AN	1/60	
			ор: 837A1_2310C_NM103OtherPhysicianLastName			
			SYNTAX: C1203			
			UB-92 Reference [UB-92 Name]:			
			83B, Line b [Other Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 11, 12			
			Only the Other Physician license number is nec will be ignored if not otherwise required.	essary	. The r	name
SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/35
			op: 837A1_2310C_NM104OtherPhysicianFirstName			
			UB-92 Reference [UB-92 Name]:			
			83B, Line b [Other Physician ID]			
		EMC v.6.0 Reference:				
		Record Type 80 Field No. 11, 12				
		Required if NM102=1 (person).				
			Only the Other Physician license number is nec will be ignored if not otherwise required.	essary	. The r	name
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25
			op: 837A1_2310C_NM105OtherPhysicanMiddleName			
			Required when NM102=1-Person and the Middle the person is known by the provider.	Name	or Init	ial of
			Only the Other Physician license number is nec will be ignored if not otherwise required.	essary	. The r	name
NOT USED	NM106	1038	Name Prefix	0 1	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10
			op: 837A1_2310C_NM107OtherPhysicanNameSuffix			
			Other Provider Generation			
			Required if known.			
			Only the Other Physician license number is nec will be ignored if not otherwise required.	essary	. The r	name

REQUIRED	NM108	66		Code Qualifier ng the system/method of code structu	X re used for I	ID dentifica	1/2 ation
			OD: 837A1_2310	DC_NM108IdentificationCodeQualif	ier		
			CODE	DEFINITION			
			SL	State License Number			
			UP	Unique Physician Identificati Either the UPIN or the State L required if the National Provi	icense Nu	umber	are
			XX	Health Care Financing Admir Provider Identifier	istration	Nationa	al
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	X	AN	2/80
			_	OC_NM109OtherPhysicianIdentifier			
			SYNTAX: P0809	hysician Primary ID			
				nce [UB-92 Name]:			
			83B, Line a [C	Other Physician ID]			
				ference: 80 Field No. 7 81 Field No. 6			
NOT USED	NM110	706	Entity Relatio	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifi	er Code	0 1	ID	2/3
NOT USED	NM112	1035	Name Last or	Organization Name	0 1	AN	1/60

OTHER PROVIDER SECONDARY IDENTIFICATION

Loop: 2310C — OTHER PROVIDER NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1_2310C_REF

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail Position: 2710

Loop: 2310

Requirement: Optional

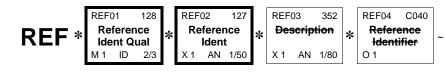
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification ob: 837A1_2310C_REF01ReferenceIdentificationQualifier			ID	2/3
			CODE	DEFINITION			
				- DEFINITION			
			0B	State License Number			
			1G	Provider UPIN Number			

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier OD: 837A1_2310C_REF02 SYNTAX: R0203	X on Set	AN or as sp	1/50 pecified
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

REFERRING PROVIDER NAME

Loop: 2310D — REFERRING PROVIDER NAME Repeat: 2

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1 2310D

Segment OD: 837A1 2310D NM1

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.

- 2. When there is only one referral on the claim, use code "DN Referring Provider". When more than one referral exists and there is a requirement to report the additional referral/order, use code DN in the first iteration of this loop to indicate the referral/order received by the rendering provider or Service Facility on this claim. Use code "P3 Primary Care Provider" in the second iteration of the loop to indicate the initial referral/order from the primary care provider or whatever provider wrote the initial referral/order for this patient's episode of care being billed/reported in this transaction.
- 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 4. Required if claim or encounter involved a referral/order.
- Only the Referring Physician number is necessary. The name will be ignored if not otherwise required.

Example: NM1*DN*1*SMITH*JANE***XX*12345678~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

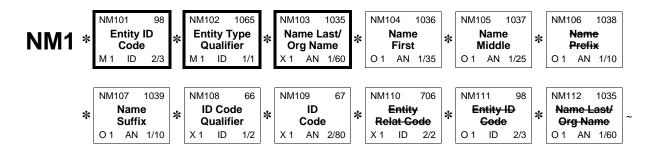
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	NM101	Code individ	individual	er Code an organizational entity, a physical location D_NM101EntityIdentifierCode	M , prop	ID erty or a	2/3 n
			The entity idea ID-2310.	ntifier in NM101 applies to all segme	nts i	n Loop	
			CODE	DEFINITION			
			DN	Referring Provider Use on first iteration of this loop. Use only once.	Jse if	loop is	s used
			P3	Primary Care Provider Use only if loop is used twice. Use iteration of this loop.	only	on sec	cond
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1
			_	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			

REQUIRED	NM103	1035		Organization Name me or organizational name	X	AN	1/60
			od: 837A1_2310	D_NM103ReferringProviderLastName			
			ALIAS: Ordering	Physician Last Name			
			SYNTAX : C1203				
				rring Physician number is necessa not otherwise required.	y. Th	e nam	e will
SITUATIONAL	NM104	1036	Name First Individual first na	ame	0	AN	1/35
			od: 837A1_2310	D_NM104ReferringProviderFirstName			
			Required if NN	M102=1 (person).			
			-	rring Physician number is necessa not otherwise required.	y. Th	e nam	e will
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25
			od: 837A1_2310	D_NM105ReferringProviderMiddleName)		
			Required if NN known.	M102=1 and the middle name/initial	of the	e perso	on is
				rring Physician number is necessa not otherwise required.	y. Th	e nam	e will
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individua	al name	0	AN	1/10
			od: 837A1_2310	D_NM107ReferringProviderNameSuffix			
			ALIAS: Referring	g Provider Generation			
			Required if kn	own.			
				rring Physician number is necessa not otherwise required.	y. Th	e nam	e will
SITUATIONAL	NM108	66		Code Qualifier g the system/method of code structure use	X ed for I	ID dentifica	1/2 ation
			od: 837A1_2310	D_NM108IdentificationCodeQualifier			
			SYNTAX : P0809				
			CODE	DEFINITION			
			SL	State License Number			
			UP	Unique Physician Identification N Either the UPIN or the State Licen required if the National Provider II	se Nı	ımber	are
			XX	Health Care Financing Administra Provider Identifier	tion I	Nation	al

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			op: 837A1_2310D_NM109ReferringProviderIdentifier			
			ALIAS: Referring Provider Primary Identifier			
			SYNTAX: P0809			
			Required if Employer's Identification/Social Secuor National Provider Identifier is known.	rity n	umber	, UPIN,
			A number is recommended for managed care cla	ims.		
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

REFERRING PROVIDER SECONDARY IDENTIFICATION

Loop: 2310D — REFERRING PROVIDER NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1_2310D_REF Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail Position: 2710 Loop: 2310

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	DES.	ELEMENT	NAME	 	ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier	м	ID	2/3

Code qualifying the Reference Identification

op: 837A1_2310D_REF01__ReferenceIdentificationQualifier

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number

			В3	Preferred Provider Organization I	Numb	er	
			BQ	Health Maintenance Organization	Code	Numb	er
			EI	Employer's Identification Number	r		
		G2	Provider Commercial Number				
		LU	Location Number				
			N5	Provider Plan Network Identificat	ion Nu	ımber	
		SY	Social Security Number The social security number may in Medicare.	not be	used t	for	
			X5	State Industrial Accident Provide	r Num	ber	
REQUIRED	REF02	127		entification nation as defined for a particular Transact e Identification Qualifier	X on Set	AN or as sp	1/50 pecified
			OD: 837A1_2310	D_REF02ReferringProviderSecondaryI	dentifie	r	
			SYNTAX : R0203				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01		

OTHER SUBSCRIBER INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION Repeat: 10

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1 2320

Segment OD: 837A1_2320_SBR

Notes: 1. Required if other payers are known to potentially be involved in paying on this claim.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12

nomenclature.

3. All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.

4. The information for the primary payer will be reported in the subscriber loop (2000B).

Example: SBR*S*01*GR00786**MC****OF~

STANDARD

SBR Subscriber Information

Level: Detail Position: 2900

Loop: 2320 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier

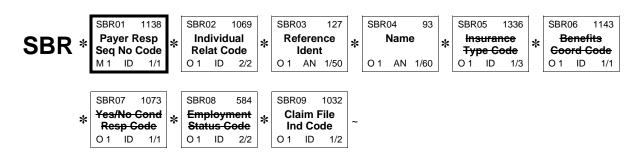
for that insured

Set Notes: 1. Loop 2320 contains insurance information about: paying and other

Insurance Carriers for that Subscriber, Subscriber of the Other Insurance

Carriers, School or Employer Information for that Subscriber.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SBR01	1138	Payer Responsibility Sequence Number Code Code identifying the insurance carrier's level of responsibility claim	M ID 1/1 of for a payment of a
			op: 837A1_2320_SBR01PayerResponsibilitySequenceNu	mberCode
			UB-92 Reference [UB-92 Name]:	
			50 (A-C) [Payer Identification]	
			51 (A-C) [Provider Number]	
			52 (A-C) [Release of Information Certification India	cator]
			53 (A-C) [Assignment of Benefits Certification Ind	icator]
			54 (A-C) [Prior Payments - Payers and Patient]	
			55 (A-C) [Estimated Amount Due]	
			58 (A-C) [Insured's Name]	
			59 (A-C) [Patient's Relationship to Insured]	
			60 (A-C) [Certificate/Social Security Number/Healt Claim/ Identification Number]	h Insurance
			61 (A-C) [Insured Group Name]	
			62 (A-C) [Insurance Group Number]	
			63 (A-C) [Treatment Authorization Code]	
			64 (A-C) [Employment Status Code of the Insured]	l
			65 (A-C) [Employer Name of the Insured]	
			66 (A-C) [Employer Location of the Insured]	
			EMC v.6.0 Reference:	
			Record Type 30 Field No. 2 (Sequence 01-03)	
			Record Type 31 Field No. 2 (Sequence 01-03)	
			Record Type 32 Field No. 2 (Sequence 01-03)	
			Record Type 40 Field No. 5, 6, 7	
			CODE DEFINITION	
			S Secondary	

Tertiary

Used to indicate "payer of last resort". The primary payer is reported in the Subscriber Information Loop 2000B.

SITUATIONAL SBR02

1069

Individual Relationship Code

O ID

2/2

Code indicating the relationship between two individuals or entities

op: 837A1_2320_SBR02__IndividualRelationshipCode

SEMANTIC: SBR02 specifies the relationship to the person insured.

EMC Reference:

30 Field No. 18 (Sequence 01-03)

UB-92 Reference [UB-92 Name]:

59 (A-C) [Patient's Relationship to Insured]

This data element is required when authorized by state or federal law or regulations.

Use this code to specify the patient's relationship to the person insured.

CODE	DEFINITION
01	Spouse UB-92 Reference [UB-92 Name]: 59 Code 02 [Spouse]
04	Grandfather or Grandmother UB-92 Reference [UB-92 Name]: 59 Code 19 [Grandparent]
05	Grandson or Granddaughter UB-92 Reference [UB-92 Name]: 59 Code 13 [Grandchild]
07	Nephew or Niece UB-92 Reference [UB-92 Name]: 59 Code 14 [Niece/Nephew]
10	Foster Child UB-92 Reference [UB-92 Name]: 59 Code 06 [Foster Child]
15	Ward UB-92 Reference [UB-92 Name]: 59 Code 07 [Ward of the Court]
17	Stepson or Stepdaughter UB-92 Reference [UB-92 Name]: 59 Code 05 [Step Child]
18	Self UB-92 Reference [UB-92 Name]: 59 Code 01 [Patient Is Insured]

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19	Child UB-92 Reference [UB-92 Name]: 59 Code 03 [Natural Child/Insured Financial Responsibility]
20	Employee UB-92 Reference [UB-92 Name]: 59 Code 08 [Employee]
21	Unknown UB-92 Reference [UB-92 Name]: 59 Code 09 [Unknown]
22	Handicapped Dependent UB-92 Reference [UB-92 Name]: 59 Code 10 [Handicapped Dependent]
23	Sponsored Dependent UB-92 Reference [UB-92 Name]: 59 Code 16 [Sponsored Dependent]
24	Dependent of a Minor Dependent UB-92 Reference [UB-92 Name]: 59 Code 17 [Minor Dependent of a Minor Dependent]
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
39	Organ Donor UB-92 Reference [UB-92 Name]: 59 Code 11 [Organ Donor]
40	Cadaver Donor UB-92 Reference [UB-92 Name]: 59 Code 12 [Cadaver Donor]
41	Injured Plaintiff UB-92 Reference [UB-92 Name]: 59 Code 15 [Injured Plaintiff]
43	Child Where Insured Has No Financial Responsibility UB-92 Reference [UB-92 Name]: 59 Code 04 [Natural Child/Insured Does not Have Financial Responsibility]
53	Life Partner UB-92 Reference [UB-92 Name]: 59 Code 20 [Life Partner]
G8	Other Relationship

SITUATIONAL SBR03

127

Reference Identification

0 ΑN

Reference information as defined for a particular Transaction Set or as specified

op: 837A1_2320_SBR03__InsuredGrouporPolicyNumber

SEMANTIC: SBR03 is policy or group number.

by the Reference Identification Qualifier

EMC Reference:

30 Field No. 10 (Sequence 01-03) Insurance Group No.

UB-92 Reference [UB-92 Name]:

62 (A-C) [Insurance Group Number]

This data element is required when authorized by state or federal law or regulations.

Use this element to carry the subscriber's group number but not the number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using code IL in NM101 identifies the number in NM109 as the insured's Identification Number.

SITUATIONAL

SBR04 93

Name

AN 1/60

Free-form name

op: 837A1_2320_SBR04__OtherInsuredGroupName

SEMANTIC: SBR04 is plan name.

EMC Reference:

30 Field No. 11 (Sequence 01-03)

UB-92 Reference [UB-92 Name]:

61 (A-C) [Insured Group Name]

This data element is required when authorized by state or federal law or regulations.

Plan Name (Group Name)

This data element is required when the Provider has the Plan Name (Group Name) within their files.

NOT USED	SBR05	1336	Insurance Type Code	0 1	ID	1/3
NOT USED	SBR06	1143	Coordination of Benefits Code	01	ID	1/1
NOT USED	SBR07	1073	Yes/No Condition or Response Code	01	ID	1/1
NOT USED	SBR08	584	Employment Status Code	01	ID	2/2

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SITUATIONAL

SBR09

1032

Claim Filing Indicator Code Code identifying type of claim

O ID

1/2

op: 837A1_2320_SBR09__ClaimFilingIndicatorCode

EMC v.6.0 Reference:

Record Type 30 Field No. 4 (Sequence 01-03. See SBR09 in LOOP 2000B for EMC code translation.)

Required prior to mandated use of PlanID. Not used after PlanID is mandated.

CODE	DEFINITION
09	Self-pay
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
СН	Champus
CI	Commercial Insurance Co.
DS	Disability
НМ	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined Unknown

PAYER PRIOR PAYMENT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2320_AMT

Notes: 1. The amount this payer has paid to the provider towards this bill.

This segment is required when the present payer has paid an amount to the provider towards this bill and the information is available at the time the record is reported.

Example: AMT*C4*150~

STANDARD

AMT Monetary Amount

Level: Detail Position: 3000

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

DIAGRAM







ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES	
REQUIRED	AMT01	522	Amount Quali Code to qualify a		M	ID	1/3	
			ор: 837A1_2320_AMT01AmountQualifierCode					
			INDUSTRY: Other	Payer Patient Paid Amount				
			CODE	DEFINITION				
			C4	Prior Payment - Actual				

004040X156 • 837 • 2320 • AMT PAYER PRIOR PAYMENT

REQUIRED 782 AMT02 М R 1/18 **Monetary Amount** Monetary amount op: 837A1_2320_AMT02__OtherPayerPatientPaidAmount **EMC Reference:** 30 Field No. 25 (Sequence 01-03) UB-92 Reference [UB-92 Name]: 54 (A-C) [Prior Payments - Payers and Patient] **NOT USED** AMT03 478 Credit/Debit Flag Code 01 ID 1/1

OTHER SUBSCRIBER NAME

Loop: 2330A — OTHER SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_2330A

Segment OD: 837A1_2330A_NM1

Notes: 1. Submitters are required to send information on all known other

subscribers in Loop ID 2330.

2. The 2330A Loop is required when Loop ID 2320 - Other Subscriber

Information is used. Otherwise, this loop is not used.

3. The Other Subscriber Name is not necessary for the Reporting Guide,

so a masked value may be coded.

4. When this information cannot be reported by state or federal law or

regulation, then a masked value should be reported.

Example: NM1*IL*1*DOE*JOHN*T***34*123456789~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 3250

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

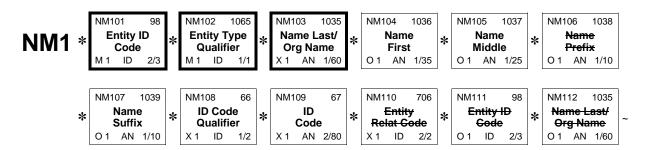
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual ob: 837A1_2330A_NM101EntityIdentifierCode CODE DEFINITION	M i, prop	ID perty or a	2/3 n
			IL Insured or Subscriber			
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity op: 837A1_2330A_NM102EntityTypeQualifier SEMANTIC: NM102 qualifies NM103. CODE DEFINITION Person	M	ID	1/1
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name OD: 837A1_2330A_NM103OtherInsuredLastName ALIAS: Subscriber's Last Name SYNTAX: C1203 UB-92 Reference [UB-92 Name]: 58 (A-C) [Insured's Name]	X	AN	1/60
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 12 (Sequence 01-03)			
			When this information cannot be reported by stat regulation, then a masked value should be report		iederal	law or

SITUATIONAL						
	NM104	1036	Name First Individual first name	0	AN	1/35
			ор: 837A1_2330A_NM104OtherInsuredFirstName			
			ALIAS: Subscriber's First Name			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 13 (Sequence 01-03)			
			This data element is required when NM102 equa	ls one	(1).	
			When this information cannot be reported by staregulation, then a masked value should be repo		federal	law or
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25
			op: 837A1_2330A_NM105OtherInsuredMiddleName			
			ALIAS: Subscriber's Middle Initial			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 14 (Sequence 01-03)			
			Required if NM102=1 and the middle name/initia known.	l of the	e perso	n is
			When this information cannot be reported by staregulation, then a masked value should be repo		federal	law or
NOT USED	NM106	1038	Name Prefix	01	AN	1/10
						1/10
	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10
	NM107	1039				
	NM107	1039	Suffix to individual name op: 837A1_2330A_NM107OtherInsuredNameSuffix			
	NM107	1039	Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr			
	NM107	1039	Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr Required if known.	0	AN	1/10
	NM107	1039	Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr	O oate or	AN	1/10
SITUATIONAL	NM107	1039	Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr Required if known. When this information cannot be reported by sta	O ate or rted.	AN federal ID	1/10 law or
SITUATIONAL			Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr Required if known. When this information cannot be reported by staregulation, then a masked value should be repo	O ate or rted.	AN federal ID	1/10 law or
SITUATIONAL			Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr Required if known. When this information cannot be reported by staregulation, then a masked value should be repo	O ate or rted.	AN federal ID	1/10 law or
SITUATIONAL			Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr Required if known. When this information cannot be reported by staregulation, then a masked value should be repo	O ate or red.	AN federal ID dentifica	1/10 law or 1/2
SITUATIONAL			Suffix to individual name ob: 837A1_2330A_NM107OtherInsuredNameSuffix Examples: I, II, III, IV, Jr, Sr Required if known. When this information cannot be reported by staregulation, then a masked value should be repo	O ate or red.	AN federal ID dentifica	1/10 law or 1/2

MI Member Identification Number

The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.

ZZ Mutually Defined

The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

SITUATIONAL NM109 67

Identification Code

X AN 2/80

Code identifying a party or other code

op: 837A1_2330A_NM109__OtherInsuredIdentifier

ALIAS: Subscriber Primary ID

SYNTAX: P0809

EMC Reference:

30 Field No. 7 (Sequence 01-03)

UB-92 Reference [UB-92 Name]:

60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]

This data element is required when authorized by state or federal law or regulations.

NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

OTHER SUBSCRIBER SECONDARY INFORMATION

Loop: 2330A — OTHER SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 3

Segment OD: 837A1 2330A REF

Notes: 1. This segment is required when additional identification numbers are

required.

Example: REF*SY*030385074~

STANDARD

REF Reference Identification

Level: Detail **Position:** 3550

Loop: 2330

Requirement: Optional

Max Use: >1

Purpose: To specify identifying information

Syntax: 1. R0203

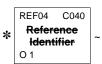
At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	 	ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3	

Code qualifying the Reference Identification

od: 837A1_2330A_REF01__ReferenceIdentificationQualifier

CODE DEFINITION

1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.
23	Client Number
	This code is intended to be used only in claims submitted to the Indian Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.

			IG Insurance Policy Number							
			SY Social Security Number							
REQUIRED	REF02	127	Reference Identification X A Reference information as defined for a particular Transaction Set or a by the Reference Identification Qualifier od: 837A1_2330A_REF02OtherInsuredAdditionalIdentifier syntax: R0203							
			UB-92 Refere	nce [UB-92 Name]:						
			· / -	ificate/Social Security Number/Hea ication Number]	lth Ins	urance				
			EMC v.6.0 Ref	ference:						
			Record Type	30 Field No. 7 (Sequence 01-03)						
NOT USED	REF03	352	Description		X 1	AN	1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01					

OTHER PAYER NAME

Loop: 2330B — OTHER PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1 2330B

Segment OD: 837A1_2330B_NM1

Notes: 1. Submitters are required to send all known information on other payers

in this Loop ID - 2330.

Example: NM1*PR*2*UNION MUTUAL OF OREGON****PI*43140~

STANDARD

NM1 Individual or Organizational Name

Level: Detail **Position:** 3250

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

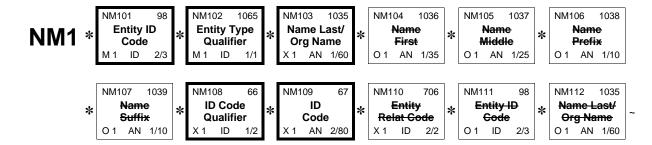
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	s
REQUIRED	NM101	98	individual	an organizational entity, a physical location	M , prop	ID erty or an	2/3
			od: 837A1_2330	B_NM101EntityIdentifierCode			
			CODE	DEFINITION			
			PR	Payer			
REQUIRED	NM102	1065	Entity Type Qualifying to		М	ID	1/1
			od: 837A1_2330	OD: 837A1_2330B_NM102EntityTypeQualifier SEMANTIC: NM102 qualifies NM103.			
			SEMANTIC: NM102				
			CODE DEFINITION				
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	X	AN	1/60
			od: 837A1_2330	B_NM103OtherPayerLastorOrganization	Name		
			ALIAS: Payer Na	nme			
			SYNTAX: C1203	SYNTAX: C1203			
				nce [UB-92 Name]:			
			50 (A-C) [Paye	er Identification]			
			EMC v.6.0 Ref				
				30 Field No. 8b (Sequence 01-03) 32 Field No. 4 (Sequence 01-03)			
NOT USED	NM104	1036	Name First		0 1	AN	1/35
NOT USED	NM105	1037	Name Middle		0 1	AN	1/25
NOT USED	NM106	1038	Name Prefix		0 1	AN	1/10
NOT USED	NM107	1039	Name Suffix		0 1	AN	1/10
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure used	X d for lo	ID dentification	1/2 on
			od: 837A1_2330	B_NM108IdentificationCodeQualifier			
			SYNTAX : P0809				
			EMC v.6.0 Ref	erence:			
			Record Type 3	30 Field No. 5, 6 (Sequence 01-03)			
			CODE	DEFINITION			
			PI	Payor Identification			
			XV	Health Care Financing Administrate Payer Identification Number (PAYE			

NM112

1035

NOT USED

1/60

O 1 AN

CODE SOURCE 540: Health Care Financing Administration

			National PAYERID						
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80			
			on: 837A1_2330B_NM109OtherPayerPrimaryIdentifier						
			ALIAS: Payer Primary ID						
			SYNTAX: P0809						
			This number must be identical to SVD01 (L00p ID - 2430) for COB.						
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2			
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3			

Name Last or Organization Name

OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER

Loop: 2330B — OTHER PAYER NAME

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1 2330B REF

Notes: 1. This segment is required when a secondary number is needed to

identify the payer.

2. Used when it is necessary to identify the 'other' payer's claim number

in a payer-to-payer COB situation (use code F8).

Example: REF*FY*465980789~

STANDARD

REF Reference Identification

Level: Detail

Position: 3550

Loop: 2330

Requirement: Optional

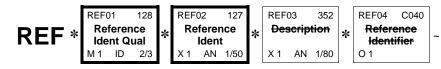
Max Use: >1

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128 Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3		
			od: 837A1_2330	B_REF01ReferenceIdentificationQualifie	r		
				o indicate the payer's claim number ayer referenced in this interation of		_	
			CODE	DEFINITION			
			2 U	Payer Identification Number			

			F8	Original Reference Number			
				UB-92 Reference [UB-92 Name]:			
				37 (A-C) [Internal Control Number Control Number (DCN)]	(ICN))/ Docu	ment
				EMC v.6.0 Reference:			
			Record Type 31 Field No. 14 (Seq	uence	01-03)	
			FY	Claim Office Number			
			NF	National Association of Insurance (NAIC) Code	e Com	nmissic	ners
				CODE SOURCE 245: National Association of Commissioners (NAIC) Code	of Insur	ance	
			TJ	Federal Taxpayer's Identification	Numb	oer	
REQUIRED	REF02	127		ntification nation as defined for a particular Transacti e Identification Qualifier	X on Set	AN or as sp	1/50 pecified
			od: 837A1_2330	B_REF02OtherPayerSecondaryIdentifie	er		
			SYNTAX : R0203				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01		

OTHER PAYER PATIENT INFORMATION

Loop: 2330C — OTHER PAYER PATIENT INFORMATION Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1_2330C

Segment OD: 837A1 2330C NM1

Notes:

- Required when it is necessary to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330C loop are those patient ID's which belong to secondary or tertiary payers. The patients ID(s) for the primary payer are carried in the 2010CA loop NM1 and REF segments.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1*QC*1****EI*128848726~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 3250

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

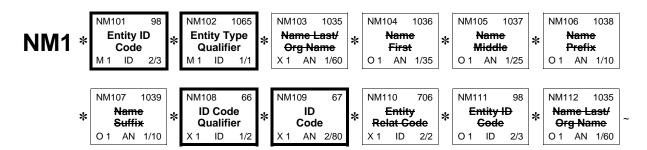
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	≣S .
REQUIRED	NM101	98	individual OD: 837A1_23300 CODE	an organizational entity, a physical location C_NM101EntityIdentifierCode	M , prop	ID perty or an	2/3
REQUIRED	NIMAGO	1065	QC	Patient	м	ın	4 /4
KEGOIKED	NM102	1065	Entity Type Qualifying t		IVI	ID	1/1
			od: 837A1_23300	C_NM102EntityTypeQualifier			
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
NOT USED	NM103	1035	Name Last or	Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
REQUIRED	NM108	66	Identification (Code designating Code (67)	Code Qualifier g the system/method of code structure used	X d for lo	ID dentificati	1/2 on
			OD: 837A1_23300	C_NM108IdentificationCodeQualifier			
			SYNTAX: P0809				
			CODE	DEFINITION			
			34	Social Security Number			
			El	Employee Identification Number			

			MI	Member Identification Num	ber				
				The code MI is intended to identification number as as Payers use different termin same number, therefore, the Workgroup recommends undentification Number to collinsured's ID, Subscriber's Health Insurance Claim Number	ssigned by the cology to cone 837 Institusing MI - Me onvey the follD, Medicaid	ne pay nvey th itional mber lowing Recip	er. ne g terms:		
REQUIRED	NM109	67	Identification Code identifying	n Code ng a party or other code	X	AN	2/80		
			op: 837A1_2330C_NM109OtherPayerPatientPrimaryIdentifier						
			ALIAS: Patient	's Other Payer Primary Identif	ication Num	ber			
			SYNTAX: P0809						
NOT USED	NM110	706	Entity Relati	onship Code	X 1	ID	2/2		
NOT USED	NM111	98	Entity Identi	fier Code	01	ID	2/3		
NOT USED	NM112	1035	Name Last o	or Organization Name	01	AN	1/60		

OTHER PAYER PATIENT IDENTIFICATION **NUMBER**

Loop: 2330C — OTHER PAYER PATIENT INFORMATION

Usage: SITUATIONAL

Repeat: 3

Segment OD: 837A1_2330C_REF Example: REF*AZ*B333-Y5~

STANDARD

REF Reference Identification

Level: Detail Position: 3550 Loop: 2330

Requirement: Optional

Max Use: >1

Purpose: To specify identifying information

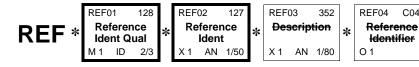
1. R0203 Syntax:

At least one of REF02 or REF03 is required.

C040

Social Security Number

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
			OD: 837A1_23300	C_REF01ReferenceIdentificationQualifie	r		
			CODE	DEFINITION			
			1W	Member Identification Number If NM108 = MI, this qualifier cannot	be ι	ısed.	
			IG	Insurance Policy Number			

SY

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier	X ion Set	AN or as sp	1/50 pecified
			op: 837A1_2330C_REF02OtherPayerPatientSecondary	Identifi	er	
			SYNTAX: R0203			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

SERVICE LINE NUMBER

Loop: 2400 — SERVICE LINE NUMBER Repeat: 999

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1_2400

Segment OD: 837A1_2400_LX

Notes:

1. The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter

- 2. The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.
- 3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: LX*1~

STANDARD

LX Assigned Number

Level: Detail Position: 3650

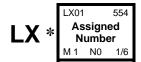
Loop: 2400 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To reference a line number in a transaction setSet Notes: 1. Loop 2400 contains Service Line information.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ES
REQUIRED	LX01	554	Assigned Number	М	N0	1/6
			Number assigned for differentiation within a transaction set			

op: 837A1_2400_LX01__AssignedNumber

This is the service line number. Begin with 1 and increment by 1 for each new LX segment within a claim.

INSTITUTIONAL SERVICE LINE

Loop: 2400 — SERVICE LINE NUMBER

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1_2400_SV2

Notes: 1. This segment is required for inpatient claims or outpatient or other

claims that require procedure or drug information to be reported for

claim adjudication.

Example: SV2*300*HC:80019*73.42*UN*1~

Example: SV2*120**1500*DA*5*300~

STANDARD

SV2 Institutional Service

Level: Detail **Position:** 3750

Loop: 2400

Requirement: Optional

Max Use: 1

Purpose: To specify the claim service detail for a Health Care institution

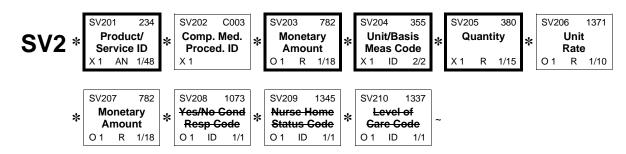
Syntax: 1. R0102

At least one of SV201 or SV202 is required.

2. P0405

If either SV204 or SV205 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES	
REQUIRED SV201	DES.		Production in the second secon	ict/Service ID X AN 1 ring number for a product or service A1_2400_SV201ServiceLineRevenueCode	//48
		Record	d Type 60 Field No. 4, 13, 14 d Type 61 Field No. 4, 14, 15 ode Source 132: National Uniform Billing Committee (NUE s.	3C)	
SITUATIONAL	SV202	C003	COMPIDENT To iden modifier ob: 837 ALIAS: S UB-92 44 (HC	POSITE MEDICAL PROCEDURE X 1 TIFIER Itify a medical procedure by its standardized codes and applicable	
REQUIRED	SV202 -	1	235 HC	Code identifying the type/source of the descriptive number used in Product/Service ID (234) od: 837A1_2400_SV202_C00301_ProductorServiceIDQualifier DEFINITION Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. code source 130: Health Care Financing Administration	2/2
REQUIRED	SV202 -	2	234	Common Procedural Coding System Product/Service ID M AN 1 Identifying number for a product or service OD: 837A1_2400_SV202_C00302_ProcedureCode ALIAS: HCPCS Procedure Code UB-92 Reference [UB-92 Name]: 44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]	/48

EMC v.6.0 Reference:

Record Type 60 Field No. 5, 13, 14

Record Type 61 Field No. 5, 14, 15

SITUATIONAL SV202 - 3

Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

op: 837A1_2400_SV202_C00303_ProcedureModifier

ALIAS: HCPCS Modifier 1

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 60 Field No. 9, 13, 14

Record Type 61 Field No. 10, 14, 15

Use this modifier for the first procedure code modifier.

This data element is required when the Provider needs to convey additional clarification for the associated procedure code.

SITUATIONAL SV202 - 4

1339

1339

Procedure Modifier

AN 2/2

റ

This identifies special circumstances related to the performance of the service, as defined by trading partners

op: 837A1_2400_SV202_C00304_ProcedureModifier

ALIAS: HCPCS Modifier 2

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 60 Field No. 7, 13, 14

Record Type 61 Field No. 7, 14, 15

Use this modifier for the second procedure code modifier.

See SV202-3

SITUATIONAL

SV202 - 5

1339 Procedure Modifier

O AN

2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

op: 837A1_2400_SV202_C00305_ProcedureModifier

ALIAS: HCPCS Modifier 3

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

See SV202-3

SITUATIONAL

SV202 - 6 1339

Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

op: 837A1_2400_SV202_C00306_ProcedureModifier

ALIAS: HCPCS Modifier 4

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

See SV202-3

NOT USED SV202 - 7

REQUIRED SV203 782

352 Description

O AN

0

R

1/80 1/18

Monetary Amount Monetary amount

op: 837A1_2400_SV203__LineItemChargeAmount

ALIAS: Service Line Charge Amount

SEMANTIC: SV203 is a submitted charge amount.

UB-92 Reference [UB-92 Name]:

47 [Total Charges (by Revenue Code Category)]

EMC v.6.0 Reference:

Record Type 50 Field No. 7, 11, 12, 13

Record Type 60 Field No. 9, 13, 14

Record Type 61 Field No. 10, 14, 15

Use this amount to indicate the submitted charge amount.

REQUIRED SV204 355

Unit or Basis for Measurement Code

X ID

2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

op: 837A1_2400_SV204__UnitorBasisforMeasurementCode

SYNTAX: P0405

CODE DEFINITION

DA Days

UN Unit

REQUIRED SV205 380

Quantity

X R

1/15

Numeric value of quantity

op: 837A1_2400_SV205__ServiceUnitCount

ALIAS: Service Line Units

SYNTAX: P0405

UB-92 Reference [UB-92 Name]:

46 [Units of Service]

EMC v.6.0 Reference:

Record Type 50 Field No. 6, 11, 12, 13

Record Type 60 Field No. 8, 13, 14

Record Type 61 Field No. 8, 14, 15

SITUATIONAL	SV206	1371	Unit Rate The rate per unit of associate revenue for hospital accommo	O dation	R	1/10
			op: 837A1_2400_SV206ServiceLineRate			
			ALIAS: Service Line Rate Amount			
			UB-92 Reference [UB-92 Name]:			
			44 ("RATES") [HCPCS/Rates/HIPPS Rate Codes]			
			EMC v.6.0 Reference:			
			Record Type 50 Field No. 5, 11, 12, 13			
			This data element is required when the associated 100-219.	reve	enue c	ode is
SITUATIONAL	SV207	782	Monetary Amount Monetary amount	0	R	1/18
			op: 837A1_2400_SV207LineItemDeniedChargeorNonCov	eredC	harge/	Amount
			ALIAS: Service Line Non-Covered Charge Amount			
			SEMANTIC: SV207 is a noncovered charge amount.			
			UB-92 Reference [UB-92 Name]:			
			48 [Non-Covered Charges]			
			EMC v.6.0 Reference:			
			Record Type 50 Field No. 8, 11, 12, 13			
			Record Type 60 Field No. 10, 13, 14			
			Record Type 61 Field No. 11, 14, 15			
			Use this amount if needed to report line specific necharge amount.	on-co	overed	t
NOT USED	SV208	1073	Yes/No Condition or Response Code	0 1	ID	1/1
NOT USED	SV209	1345	Nursing Home Residential Status Code	0 1	ID	1/1
NOT USED	SV210	1337	Level of Care Code	0 1	ID	1/1

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IMPLEMENTATION

SERVICE LINE DATE

Loop: 2400 — SERVICE LINE NUMBER

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1_2400_DTP

Notes: 1. Required on outpatient claims when revenue, procedure, HIEC or drug codes are reported in the SV2 segment.

2. In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which

the drug will be used by the patient. Use RD8 for this purpose.

3. In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

Example: DTP*472*D8*19960819~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 4550

Loop: 2400

Requirement: Optional

Max Use: 15

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM







ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES		
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M	ID	3/3	

op: 837A1_2400_DTP01__DateTimeQualifier

	CODE	DEFINITION
_		
472	2	Service
		Use RD8 in DTP02 if it is necessary to indicate
		begin/end for from/to statement dates.
		begin/end for from/to statement dates.

REQUIRED DTP02 1250 Date Time P

Date Time Period Format Qualifier

M ID

2/3

Code indicating the date format, time format, or date and time format

op: 837A1 2400 DTP02 DateTimePeriodFormatQualifier

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE DEFINITION

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Use RD8 if it is necessary to indicate begin/end dates. Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug.

Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used.

Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.

REQUIRED

DTP03 1251

Date Time Period

M AN

1/35

Expression of a date, a time, or range of dates, times or dates and times

op: 837A1_2400_DTP03__ServiceDate

EMC Reference:

60 Field No. 12, 13, 14 61 Field No. 9, 13, 15

UB-92 Reference [UB-92 Name]:

45 [Service Date]

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IMPLEMENTATION

TRANSACTION SET TRAILER

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1__SE

Example: SE*1230*987654~

STANDARD

SE Transaction Set Trailer

Level: Detail Position: 5550

Loop: ____

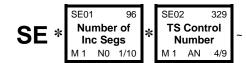
Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the

transmitted segments (including the beginning (ST) and ending (SE) segments)

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES			
REQUIRED	SE01	96	Number of Included Segments Total number of segments included in a transaction set inclusegments	M N0 1/10 cluding ST and SE			
			on: 837A1SE01TransactionSegmentCount				
REQUIRED SE02	329	Transaction Set Control Number Identifying control number that must be unique within the tra functional group assigned by the originator for a transaction ob: 837A1SE02TransactionSetControlNumber		AN tion set	4/9		
			SE02 must match ST02.				

C | External Code Sources

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release) Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute 11 West 42nd Street, 13th Floor New York, NY 10036

ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a threecharacter alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a speciallyallocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

22 States and Outlying Areas of the U.S.

SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

SOURCE

National Zip Code and Post Office Directory

AVAILABLE FROM

U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013

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Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S. Microfiche available from NTIS (same as address above). The Canadian Post Office lists the following as "official" codes for Canadian Provinces: AB - Alberta BC - British Columbia MB - Manitoba NB - New Brunswick NF - Newfoundland NS - Nova Scotia NT - North West Territories ON - Ontario PE - Prince Edward Island PQ - Quebec SK - Saskatchewan YT - Yukon

51 | ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S Postal Service Washington, DC 20260

New Orders Superintendent of Documents P.O. Box 371954 Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

130 Health Care Financing Administration Common Procedural Coding System

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

SOURCE

Health Care Finance Administration Common Procedural Coding System

AVAILABLE FROM

Health Care Financing Administration 6325 Security Boulevard Baltimore, MD 21207

HCPCS is Health Care Finance Administration's (HFCA) coding scheme to group procedures performed for payment to providers.

131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SIMPLE DATA ELEMENT/CODE REFERENCES

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

AVAILABLE FROM

U.S. National Center for Health Statistics Commission of Professional and Hospital Activities 1968 Green Road Ann Arbor, MI 48105

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

132 National Uniform Billing Committee (NUBC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/NU, 235/RB, 1270/BE, 1270/BG, 1270/BH, 1270/BI

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee.

229 Diagnosis Related Group Number (DRG)

SIMPLE DATA ELEMENT/CODE REFERENCES

1354, 1270/DR

SOURCE

Federal Register and Health Insurance Manual 15 (HIM 15)

AVAILABLE FROM

Superintendent of Documents U.S. Government Printing Office Washington, DC 20402

ABSTRACT

A patient classification scheme that clusters patients into categories on the basis of patient's illness, diseases, and medical problems.

230 Admission Source Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1314

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining who recommended admission to a medical facility.

231 Admission Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1315

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining the priority of the admission to a medical facility.

235 Claim Frequency Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1325

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

A variety of codes explaining the frequency of the bill submission.

236 Uniform Billing Claim Form Bill Type

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/A

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes describing the type of medical facility.

239 Patient Status Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1352

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes indicating patient status as of the statement covers through date.

245 National Association of Insurance Commissioners (NAIC) Code

SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

SOURCE

National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM

National Association of Insurance Commission Publications Department 12th Street, Suite 1100 Kansas City, MO 64105-1925

ABSTRACT

Codes that uniquely identify each insurance company.

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Home Infusion EDI Coalition (HIEC) Product/Service Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

235/IV, 1270/HO

SOURCE

Home Infusion EDI Coalition (HIEC) Coding System

AVAILABLE FROM

HIEC Chairperson

HIBCC (Health Industry Business Communications Council)

5110 North 40th Street

Suite 250

Phoenix, AZ 85018

ABSTRACT

This list contains codes identifying home infusion therapy products/services.

540 Health Care Financing Administration National PAYERID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

PAYERID Database

AVAILABLE FROM

Health Care Financing AdministrationBureau of Program Operations Chief, Benefit Coordination

S1-03-08

7500 Security Boulevard

Baltimore, MD 21244-1850

ABSTRACT

The Health Care Financing Administration has joined with other payers to develop a unique national payer identification number. The Health Care Financing Administration is the authorizing agent for enumerating payers through the services of a PAYERID Registrar. It may also be used by other payers on a voluntary basis.

641 Condition Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/BG

SOURCE

Condition Code List

AVAILABLE FROM

EDI Administrator

Dun & Bradstreet Corp.

100 Locust Avenue

Berkely Heights, NJ 07922

Provides condition codes and descriptions relating to business entities or individuals involved in business entities.

843 Complimentary, Alternative, or Holistic Procedure Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/WK, 1270/CAH

SOURCE

Complimentary Alternative Medicine Coding Manual

AVAILABLE FROM

Alternative Link 1065 South Main Building C Las Cruces, NM 88005

ABSTRACT

The manual contains descriptive terms and identifying codes for reporting complimentary, alternative, or holistic procedures, services, supplies, or remedies used in providing health care.

859 Classification of Race or Ethnicity

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/RET

SOURCE

Classification of Race or Ethnicity

AVAILABLE FROM

Health Information and Surveillance Systems Board Centers for Disease Control and Prevention Mailstop C08 1600 Clifton Road, NE Atlanta, Georgia 30333

ABSTRACT

The Classification of Race or Ethnicity provides a detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and is consistent with the classification of race and ethnicity used by the U.S. Bureau of the Census.

860 Race or Ethnicity Collection Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/REC

SOURCE

Race or Ethnicity Collection Code

AVAILABLE FROM

Health Information and Surveillance Systems Board Centers for Disease Control and Prevention Mailstop C08 1600 Clifton Road, NE Atlanta, Georgia 30333

ABSTRACT

The Race or Ethnicity Collection code provides a method of describing how information on race or ethnicity is collected in various data gathering systems.